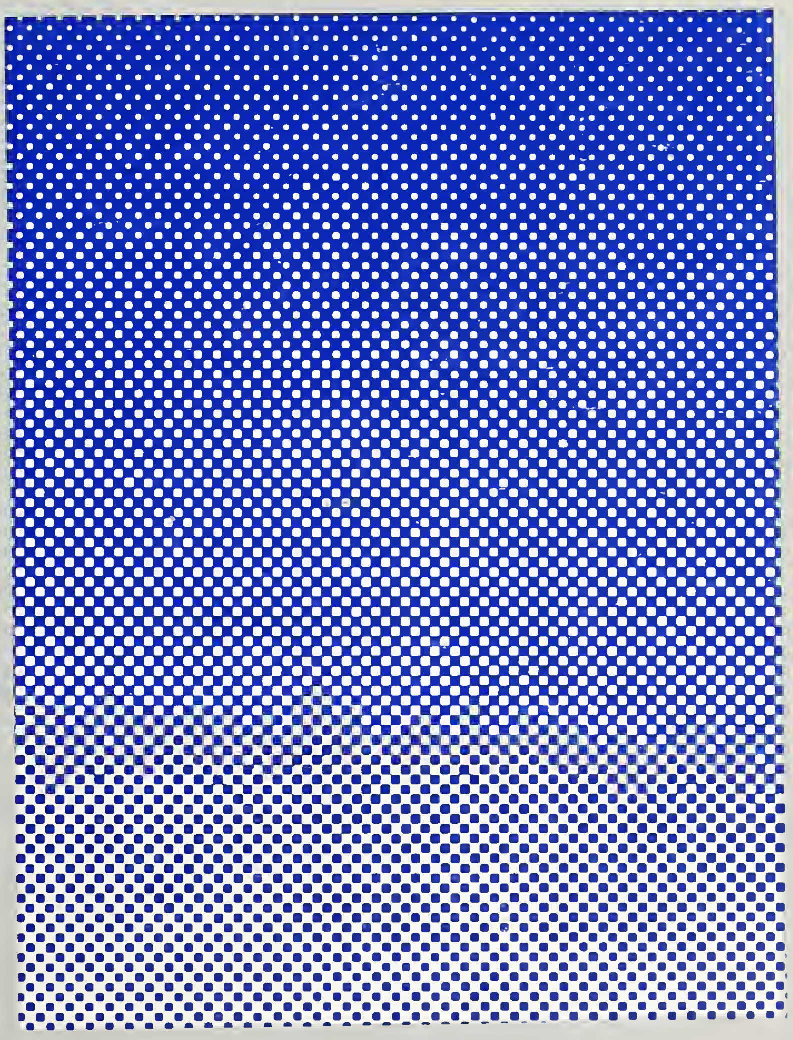
MEDICARE HOSPITAL MORTALITY INFORMATION



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Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, Vermont

Region I

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Health Care Financing Administration

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MEDICARE HOSPITAL MORTALITY INFORMATION

1987

CONNECTICUT, MAINE, MASSACHUSETTS,
NEW HAMPSHIRE, RHODE ISLAND, VERMONT

REGION 1

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to ensure the effective administration of our programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The nation's Medicare program, which is administered through the Health Care Financing Administration (HCFA) in the Department of Health and Human Services, now has 31 million beneficiaries. One of HCFA's primary responsibilities is to ensure that Medicare beneficiaries receive quality health care. We believe that the publication of the Medicare hospital mortality information contained in this document will contribute to that end.

This particular information release presents information to answer the question: "What is the actual death rate for each hospital compared to what would have been expected for that particular hospital, given what we know of the characteristics of patients admitted?" The statistics are presented in the hope that they will serve the public and the hospitals in their common interest of improving quality of care.

The development of mortality statistics is a complicated and controversial task, since the mortality rate at a given hospital may reflect, among other factors, age, sex, diagnosis, and severity of illness of patients admitted to that hospital, as well as the purpose and quality of the care they received. Characteristics affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations will vary.

The usefulness of this information depends upon the accuracy with which mortality rates can be predicted and the stability of these rates over time for each hospital. It is important to understand that the difference between the hospital's mortality rate and the predicted values in the tables contained in this document may not be a direct measure of the quality of care rendered in hospitals. There is one primary reason for this: we do not now have any direct measurement tool with which we can adjust fully for differences among hospitals in how severely ill their patients are. For instance, two hospitals might have very different death rates for patients admitted for stroke, even after we have adjusted for age and sex. This might happen because one hospital's stroke patients consist of a significant number admitted in a coma and are thus more likely to die, whereas another hospital's patient population represents a broader spectrum of patients with cerebrovascular problems, or because these hospitals in fact provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support) and overall health status are not included in the predictive model because information on them is not readily available.

When properly understood and used, this information can be useful; it can also be very misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital--post admission mortality for Medicare beneficiaries. The information is not necessarily representative of a hospital's total performance in all aspects of patient care, and is best used to view experience in individual hospitals rather than making comparisons among hospitals. Individual hospitals may have very good reasons for their rates being higher than the ranges predicted by HCFA's model. Accordingly, it was important for hospitals to have an opportunity to review their specific information and to provide comments to HCFA and the public. We asked each hospital to prepare its comments on the information being released to the public, and we are including those comments in this publication.

This information is an important contribution to the health care community and should be reviewed by a wide range of individuals and organizations including hospital administrators, Peer Review Organizations, physicians, and researchers. Among these audiences, perhaps the hospital administrator will find the information most useful--as a screening tool and in consulting with medical staff to evaluate a hospital's strengths and weaknesses. In this way, the information should lead to analysis and subsequent actions which will capitalize on areas of strong performance and strengthen areas where improvement is needed. For example, we expect that hospitals and their medical staffs, using established and newly emerging quality assessment techniques, will try to determine what useful information can be derived about their hospitals and how they function.

Consumers should read the explanations of the uses and limitations of the information, as well as any comments a hospital may have provided, and should consider carefully the different roles that different hospitals play in their community. For example, one hospital might have different death rates than another because it serves more severely ill patients or because it is a trauma or emergency center.

The development and presentation of this information continues to be an important part of HCFA's responsibilities in the health care community. Consequently, in making the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we continue to believe that the models used in this work are reasonable and appropriate for the intent of the publication.

This year we made three significant changes in the way in which we presented this information:

- First, we are presenting information for 1986 and 1987. The information for 1986 may be somewhat different from that published last December, since it is based on this year's methodology.

- Second, we are including information about each hospital, such as bed size and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA's) 1987 Annual Survey of Hospitals files or, where such information was not available from the AHA file, HCFA's Medicare/Medicaid Automated Certification System (MMACS) files.

- Third, instead of arranging the hospital mortality information and comments alphabetically by State, we have arranged the States regionally according to HCFA's 10 regional offices.

During our discussions with the experts, it was further recommended that we concentrate our efforts this year on validation of the data. Therefore, we have undertaken the following validation studies targeted to coincide with this year's release of the Hospital Mortality Information:

- HCFA is engaged in a statistical evaluation of the Hospital Mortality Information using clinical data abstracted by MediQual Systems, Inc. from over 40,000 medical records from a carefully selected sample of hospitals. The data consist of clinical characteristics of Medicare patients as ascertained in the first 48 hours of hospitalization, and include data from the patient history and preadmission findings, to permit assessment of the severity of illness at admission and its impact upon mortality. The validation consists of a comparison of the results of the mortality rate analyses with and without the adjustments for patient severity permitted by the specially obtained clinical data. This will allow conclusions about the extent to which patient severity impacts the mortality rates. Hospitals which participated in this study have done so voluntarily. HCFA has shared hospital specific results with each facility from which medical records were abstracted.

- We will be comparing results of the mortality rate analyses with the results found by all Peer Review Organizations (PROs) in applying HCFA's Generic Quality Screens to cases reviewed as a part of ongoing PRO review activities. The purpose of this particular validation effort is to determine the extent to which an alternative presumed measure of quality of care correlates with mortality rates.

In addition, the format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals during the past 2 years regarding their patient-specific data and our mortality information publication.

Many suggestions from these sources have been incorporated into the final publication. For example, following the release, we examined a limited number of cases in which hospitals advised us that an individual shown as deceased on HCFA's records was in fact alive. An analysis of specific cases confirmed that there was a report of a date of death in the HCFA data base at the time the Medicare hospital mortality information was being analyzed. In most cases, we found that the source of the date of death in the record was the hospital inpatient bill provided by the facility. For example, the HCFA records showed that a bill submitted by Hospital "X" for an inpatient stay for a patient ending February 12, 1986 indicated the patient status at time of discharge as "Expired." This bill was processed on April 8, 1986 and served as part of the HCFA data base at the time we prepared the release of hospital mortality information. (For Medicare hospital mortality analyses, we used the Medicare billing records received for the June update of the MEDPAR file.) In July 1987, a bill was processed by HCFA for a subsequent hospital stay for this beneficiary and as a result we removed the date of death from our records. Unfortunately, this subsequent information was obtained too late to be included in the final information release. Although this type of billing problem was minimal on a national basis, we hope that an indirect byproduct of this process will be improved accuracy in coding and billing procedures.

The publication of Medicare Hospital Mortality Information is an ongoing process at HCFA. We are continuing to do everything we can to make this information more useful to both the public and the health care professions. We are refining ways to use the information as a screening tool for "quality of care" purposes, and we are developing tools to adjust for differences in disease severity. Thus, this year we provided hospitals with information on the Medicare Mortality Predictor System (MMPS) which is designed to help hospitals interpret the mortality rates of their patients. In addition, because we recognize that mortality rates alone do not adequately measure how effectively a hospital cares for its patients, we will be developing other measures of outcome, such as the need for medical treatment after discharge, to assess the performance of hospitals more fully.

Just as we made improvements in the methodology used last year, we expect that when the 1989 release is published, it, too, will reflect progress toward more accurate and useful information for hospitals, physicians, and consumers alike. This will contribute to assessment of and improvement in the effectiveness of medical services.

William L. Roper M.D.

William L. Roper, M.D.
Administrator

DESCRIPTION OF MORTALITY INFORMATION

Before reading the tables containing the hospital-specific information and the comments provided by individual hospitals, the reader will find it useful to understand the format and presentation of the information in this document.

The analyses of the mortality rates associated with hospitalizations in 1987 are very similar to those carried out last year on Medicare hospitalizations which occurred in 1986. Only one hospitalization for every patient was used--the last hospitalization with a discharge in calendar year 1987. The event evaluated was death within 30 days of admission to the hospital.

For each hospital, information is presented for overall Medicare patient mortality and each of 16 diagnostic categories. The information consists of the number of Medicare patients, the actual mortality rate, and a range of predicted mortality, given the mix of patients.

The reader should note three significant changes in the way the information is organized in this year's publication:

- First, we are presenting information for 1986 and 1987. The information for 1986 may be somewhat different from that published last December, since it is based on the revised methodology discussed below.

- Second, we are including information about each hospital, such as bed size and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA's) 1987 Annual Survey of Hospitals files or, where such information was not available from the AHA file, HCFA's Medicare/Medicaid Automated Certification System (MMACS) files. These hospital characteristics are found at the bottom of each hospital summary page containing the 1986 and 1987 mortality rates and ranges. A more detailed discussion of the hospital characteristics can be found in the section entitled "Hospital Characteristics Definitions."

- Third, instead of arranging the hospital mortality information and comments alphabetically by State, we have arranged the States regionally according to HCFA's 10 regional offices. Thus, the hospital information and comments are arranged alphabetically by State within each State's respective regional volume. A complete listing of States by region (and volume) can be found at Table 1.

Before reviewing the summary table for your hospital, it would be helpful to describe how the numbers were derived and what they mean:

- Number of Cases. This figure is the number of individual Medicare beneficiaries whose last discharge from a short term, acute care hospital in a calendar year was from the hospital listed. The total number for each hospital is presented under the category "all cases."

Similarly, for each diagnostic category, the number of cases consists of the number of Medicare beneficiaries whose last discharge in the calendar year was from the hospital cited and whose principal diagnosis at admission fell within the specific diagnostic category.

Since only a patient's last hospital discharge (including death occurring in a hospital) is "counted" in the total number, HCFA's computation and that maintained by individual hospitals will generally differ. For example, if John Doe was a patient at Hospital A three times during 1987, the methodology used in HCFA's analysis counts only the last discharge in 1987 in the hospital's total. Normally, a hospital maintains statistics regarding each of its admissions and so would count Mr. Doe as three cases. In addition, in this example, if Mr. Doe were admitted later in the year to Hospital B (another acute care hospital) and then discharged in 1987, and this latter stay represented his last discharge for 1987, his case would be counted in Hospital B's total and he would not appear at all in Hospital A's count.

The key factor to remember is that we are examining last hospital discharges in 1987. In some cases, this will necessitate the inclusion of certain patients admitted to the hospital in 1986 or who died in January 1988.

o Actual Mortality Rate. This figure presents the percentage of each hospital's Medicare patients who died within 30 days of the admission that resulted in the last-occurring discharge of the patient in 1987. (The percentage is rounded to the nearest whole percentage point.)

  Where, for example, Hospital A had a universe of 1000 patients whose last acute care hospital discharge in 1987 was from Hospital A, and 100 of these patients died within 30 days of their admission, whether as hospital inpatients or after discharge, the actual mortality rate would be 10 percent. This rate includes cases in which a beneficiary was admitted to the hospital in 1986 and was discharged in 1987. It also includes those instances in which a beneficiary was discharged in 1987 and died within 30 days of admission, even though the 30-day period extends into 1988. Cases in which the beneficiary was not discharged in 1987 are not part of the rate. For example, a person who was admitted to a hospital on December 28, 1987, discharged on January 5, 1988 and died on January 8, 1988 would not be a part of the calculation, even though that person died within 30 days of a 1987 admission.

o Range for Predicted Mortality. This column gives an estimate of mortality rates for cases equal in number and with the average characteristics of the cases treated by the hospital. The range is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics: the number of high, low, and undefined risk hospital admissions in the previous six months, transfer status, age, sex, and presence of up to four of eight possible comorbid conditions--cancer, chronic cardiovascular disease, cerebrovascular degeneration/chronic psychosis, chronic pulmonary disease, chronic renal disease, chronic liver disease, diabetes, hypertensive disease--and by applying weights of the risk factors to the actual number of patients at the hospital to enable compilation of an expected mortality rate. This rate is converted, with adjustment for the variability expected given the number of cases, to a range of predicted mortality rates. It is important to note that the fewer the number of cases included in a given diagnostic category, the greater the uncertainty of the expected mortality range and, therefore, the wider the range. A larger number of cases yields greater precision, and therefore, a more narrow range of predicted mortality rates.

The principal source of data for the analysis was the HCFA Medicare Provider Analysis and Review (MEDPAR) file which contains information about each Medicare hospital discharge. Information about beneficiaries, including date of death, was obtained from the Social Security Administration.

The analyses were performed by means of logistic regression, with patients grouped into 17 distinct diagnostic categories: ten high risk and six low risk and one category containing all others. Similar to last year, the risk factors (covariates) included in the regression analyses within each diagnostic category were age, sex, significant comorbidities, number of admissions by risk category within 6 months, and status as a transfer patient. However, in response to comments on last year's definition of the diagnostic categories, the present categories are more risk-homogeneous. That is, the mortality rates associated with the ICD-9-CM codes for the principal diagnoses were evaluated and were used to determine whether a code should be placed in the high risk, the low risk, or the "undefined" category. Consequently, while the diagnostic categories still follow medical disciplinary lines, the range of mortality rates in each diagnostic category is more restricted. The net result is that the 16 specifically defined categories now account for about 65 percent of the patients, compared to 70 percent last year, and for about 72 percent of deaths, compared to 80 percent last year. A list of the ICD-9-CM codes used in each diagnostic category is attached in Table 2 and the list of the comorbidities is attached in Table 3. In the process of making these adjustments in the diagnostic categories, we have also modified the names of five categories to reflect more accurately their composition. These changes are: Neuropsychiatric/Sensory Disease (formerly Opthalmologic Disease), Musculoskeletal/Skin Conditions (formerly Orthopedic Disorders), Renal Failure (formerly Renal Disease), Infectious Disease (formerly Sepsis) and Cerebrovascular Accidents (formerly Stroke).

HOSPITAL COMMENTS

On September 15, 1988, HCFA mailed to each hospital its own mortality information and asked for comments by October 24, 1988. Each hospital's comments, if any, immediately follow its mortality information. The comments are generally reproduced as submitted by the hospital. However, some hospitals returned to HCFA an annotated copy of the information sent on September 15. These annotated materials have not been reproduced in this publication.

even in those instances where they were the only form of comments submitted by a hospital. The reason for not printing these materials is one of privacy or because it would result in duplication of characteristics already corrected by HCFA. Information which would identify or possibly identify patients must be deleted, which would cause any remaining information to be of extremely limited, if any, use. Therefore, we have included a statement to identify instances when these types of materials have not been included. Other hospitals submitted comments that were more lengthy than those which we specified in our September 15 letter would be permitted and, therefore, were edited. As mentioned earlier, it is extremely important that the information presented in the tables be reviewed in concert with the hospital's comments.

In any project of this size, there will be instances where hospitals did not receive the information for comment or did not receive it timely. In fact, many hospitals were sent second copies of their specific information in an expeditious manner to allow every opportunity for review and comment. Therefore, even though it is possible that some of the nonresponding facilities never got the information or did not have adequate time to comment, we expect that these instances were few in number.

INFORMATION SOURCES AND NOTES

It is important to note that this publication is based primarily on Medicare hospital billing information for calendar years 1985, 1986, and 1987. While the principal source for the analysis was the HCFA-maintained MEDPAR file which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit such information to HCFA's fiscal intermediaries (which handle claims for the care provided to Medicare beneficiaries). The file is updated quarterly. It is estimated that billing information on approximately 95 percent of all Medicare discharges is included in the MEDPAR file within 6 months of the close of the calendar year. Accordingly, our analysis was based on information received through June 10, 1988.

In any large-scale data base such as one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. The fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information which might be missing or inaccurate is such a small portion of the total that it would have almost no impact on the results.

Nonetheless, while we feel that the information used in this analysis is quite thorough and complete, there are a few points which should be kept in mind as the hospital-specific information is being reviewed:

o The information used is billing data and is only as good as the information submitted by hospitals as a part of the payment process. Although there is always a possibility that coding errors are included, for our purposes here, it is assumed that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly.

- The hospitals included in this analysis are short-term, acute care facilities which were identified by their unique provider number. All facilities which have a zero in the third position of their provider number are by definition participating in Medicare as short-term, acute care facilities. All other facilities--those with something other than a zero in the third position of the provider number--were excluded from the analysis. In some cases, hospital names suggest an orientation different from acute care. This does not mean the facility is inappropriately included in the publication.

- There is some information in the file which does not reflect the results of review by Peer Review Organizations (PROs), the entities charged with reviewing hospital services provided to Medicare beneficiaries. For example, one of the functions a PRO performs is to ensure that the diagnosis assigned to a particular case is accurate. The nature of the review and payment system is such that it is possible that PRO changes in diagnosis assignment may not be submitted to HCFA and associated in the MEDPAR file on as timely a basis as other billing information. Obviously, any major changes in diagnosis assignment which are not reflected in the data base would have a bearing on calculation of mortality rates in individual diagnostic categories and may also have a bearing on comorbidities. Some hospitals pointed out instances where the hospital's mortality information did not agree with HCFA's; e.g., different date of death, cases of subsequent admission to another facility, or changes in diagnostic codes. The data base used in this analysis has not been revised to reflect these potential discrepancies. Rather, we are examining all hospital comments to ensure that changes to our data systems and processes can be made when warranted so that future releases will be even more accurate. Readers are urged to review any hospital comments with a specific view toward these types of issues.

- The predictive model used in this effort does not explain all variability in outcome. Most notably, a measure of severity of illness has not been included in the model, and, therefore, the predictive power of the model is less precise than it would be if such a measure had been available. Nonetheless, the information included in this document does legitimately contribute to the body of information about hospital performance.

HOSPITAL CHARACTERISTICS DEFINITIONS

In this year's publication, we have included hospital characteristics information such as bed size, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association (AHA) 1987 Annual Survey of Hospital Files. Where hospitals did not provide information on a particular item, it has been listed as "not available." This file consists of information voluntarily reported by hospitals to the AHA. In instances where the AHA records contained no information about a hospital included in the analysis, we have presented the most recent information from HCFA's Medicare/Medicaid Automated Certification System (MMACS) Files.

Following are the AHA's definitions of each characteristic found on the hospital's summary page containing the 1986 and 1987 mortality rates and ranges.

SURVEY AND YEAR: AHA 1987	Source = American Hospital Association 1987 Annual Survey of Hospital Files
o Total beds (#):	Number of beds (including sub-acute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.
o Occupancy rate (%):	Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)
o Ownership/control:	State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government
STAFFING:	
o Total number of physicians:	Total active and associate medical staff
o Percent of Board-Certified Specialists	Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.
o Interns and residents:	Full-time equivalent (FTE) medical residents
o Registered nurses:	Full-time equivalent (FTE) registered nurses
o Licensed practical nurses:	Full-time equivalent (FTE) licensed practical nurses

SPECIALTY SERVICES:

o	Shock/trauma unit:	Provides emergency and specialized intensive care to critically injured patients.
o	Burn unit:	Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.
o	Medical/surgical intensive care:	Provides nursing care to adult and/ or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening condi- tions, require intensified, compre- hensive observation and care. These units may also include cardiac care when such services are not provided in a distinct cardiac care unit.
o	Cardiac intensive care:	Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

o	Organ transplant service	The necessary staff and equipment to perform the surgical removal of a viable human organ (including kidney) from a donor, either alive or just deceased, and the surgical grafting of the organ to a suitably evaluated and prepared patient.
o	Hospice care:	A program providing palliative care, chiefly medical relief of pain and supportive services, to terminally ill patients and assistance to their families in adjusting to the patient's illness and death.

NOTE: Inquiries regarding the AHA data or requests for additional AHA data must be directed to the Director of the American Hospital Association's Hospital Data Center at (312) 280-6000.

Following are HCFA's Medicare/Medicaid Automated Certification System (MMACS) definitions of each characteristic found on the hospital's summary page containing the 1986 and 1987 mortality rates and ranges. Please note that there are no specific definitions of the specialty services in MMACS, and the characteristics that appear are those reported by the hospital.

SURVEY AND YEAR: HCFA 19_		Source = Health Care Financing Administration MMACS Files
o	Total beds (#):	Total number of operational beds eligible for Medicare reimbursement.
o	Ownership/control:	Church; private; Federal, State, local government, or hospital district or authority; proprietary.
STAFFING:		
o	Interns and residents:	Full-time equivalent (FTE) medical residents
o	Registered nurses:	Full-time equivalent (FTE) registered nurses
o	Licensed practical nurses:	Full-time equivalent (FTE) licensed practical nurses

o	Organ transplant service:	The necessary staff and equipment to perform the surgical removal of a viable human organ (including kidney) from a donor, either alive or just deceased, and the surgical grafting of the organ to a suitably evaluated and prepared patient.
o	Hospice care:	A program providing palliative care, chiefly medical relief of pain and supportive services, to terminally ill patients and assistance to their families in adjusting to the patient's illness and death.

Table 1

STATES BY REGION	LOCATION OF HCFA REGIONAL OFFICE
Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Boston(I)
New Jersey New York Puerto Rico Virgin Islands	New York(II)
Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Philadelphia(III)
Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee	Atlanta(IV)
Illinois Indiana Michigan Minnesota Ohio Wisconsin	Chicago (V)
Arkansas Louisiana New Mexico Oklahoma Texas	Dallas (VI)

Table 1 (Cont.)

STATES BY REGION	LOCATION OF HCFA REGIONAL OFFICE
Iowa Kansas Missouri Nebraska	Kansas City(VII)
Colorado Montana North Dakota South Dakota Utah Wyoming	Denver(VIII)
American Samoa/Guam Arizona California Hawaii Nevada	San Francisco(IX)
Alaska Idaho Oregon Washington	Seattle(X)

Table 2

DIAGNOSTIC CATEGORY	ICD-9-CM CODES
High Risk	
Cancer	141, 147, 150-151, 156-159, 162.2-164, 171.5, 171.8, 171.9, 172.8, 179, 180.9 183, 189.0, 191, 192.2, 195, 196.1-196.2, 196.8, 197.0-197.2, 197.4-197.8, 198.0- 198.1, 198.3-198.8, 199-208
Cerebrovascular Accidents	430-432, 433.0, 434, 436
Severe Acute Heart Disease	410, 415, 421.0, 421.9, 423.0-423.2, 427.4-427.5, 441.0, 441.1, 441.3, 441.5, 444.1, 447.2, 785.5
Severe Chronic Heart Disease	397, 398.91, 416, 425.0, 425.2-425.4, 426.89, 428, 429.5-429.9, 441.2, 442.2, 453.2
Gastrointestinal Catastrophes	452, 453.0, 456.0, 456.20, 530.4, 530.8, 531.1-531.2, 531.5-531.6, 532.1-532.2, 532.5-532.6, 533.1-533.2, 533.5-533.6, 534.1-534.2, 534.5-534.6, 551, 557.0, 558.2, 560.0, 560.2, 560.89, 567, 569.83, 570, 571.2, 571.5-571.6, 572.2-572.4, 572.8
Metabolic/ Electrolyte Disorders	250.2-250.3, 260-263, 273, 275.4, 276.0, 276.2, 276.4-276.5, 277.3
Pulmonary Disease	481, 482.0-482.1, 482.3-482.9, 485-486, 500-505, 507, 508.0, 510, 511.1-511.9, 512-516.0, 518.0-518.1, 518.4, 518.5, 519.2-519.3
Renal Failure	584-586
Infectious Disease	018, 027.0, 036, 038, 040, 046-048, 049.0-049.1, 054, 060, 070.0, 070.2, 070.4, 070.6, 112, 116-117, 136.3, 320-320.7
Severe Trauma	806.0-806.1, 807.4, 851-853, 861.0-861.1, 861.3, 864, 868-869, 875.1, 901-902, 933.1, 934, 946.3-946.5, 948.4-948.9, 958.4

Table 2 (cont.)

DIAGNOSTIC CATEGORY	ICD-9-CM CODES
Low-Risk	
Neuropsychiatric/Sensory Disease	290-292, 293.1-293.9, 294-309, 311-319, 331.1-331.9, (excluding 331.7), 332-334 (excluding 334.4), 337 (excluding 337.1), 340, 342-343, 344.2-344.9, 345.0-345.2, 345.4-345.9, 346-347, 348.0, 350-358 (excluding 357.1-357.4 and 358.1), 360-389
Gynecologic Disease	614-627 (excluding 619.1)
Low-Risk Heart Disease	390, 393, 401, 402.00, 402.10, 402.90, 405, 411.1-411.8, 413-414, 417, 420.9, 422.9, 425.1, 426.1-426.7, 426.81, 427.0, 427.2-427.3, 427.6, 427.8-427.9, 429.4, 433.1-433.9, 435, 437.2, 442.0-442.1, 442.3-442.9, 447.0-447.1, 447.3-447.9, 448, 451, 453.1, 453.8-453.9, 454-455, 456.3-456.6, 457.0-457.1, 457.9, 458.0
Gastrointestinal Disease	520-527, 528.2, 528.4-528.9, 529, 530.0-530.3, 530.5-530.7, 530.9, 531.3, 531.7-531.9, 532.3, 532.7-532.9, 533.3, 533.7-533.9, 534.3, 534.7-534.9, 535-536, 537.1-537.2, 537.5-537.6, 537.81, 537.9, 540-543, 550, 552, 558.1, 558.9, 562-566, 568, 569.0-569.2, 569.4-569.6, 569.9, 571.8-571.9, 574.00, 574.10, 574.20, 574.30, 574.40, 574.50, 575.0-575.3, 575.5-575.6, 575.9, 576.0, 576.9, 577.1, 577.9, 579
Urologic Disease	582-583, 588-589, 590.1, 590.8-590.9, 592, 594-595, 596.0, 596.2-596.5, 596.7-596.9, 597-598, 599.1-599.9, 600-606, 607.0-607.1, 607.3-607.9, 608.0-608.3, 608.8-608.9

Table 2 (cont.)

DIAGNOSTIC CATEGORY	ICD-9-CM CODES
Musculoskeletal/Skin Conditions	680-686, 690-698, 700-706, 707.1-707.9, 708-709, 710.0, 710.2-710.9, 714.0-714.4, 714.89, 714.9, 715-744, 746-758, 800.0, 800.5, 801.0, 801.5, 802, 805, 806.2-806.9, 807.00-807.06, 807.1-807.3, 807.5-807.6, 808-819, 822-838, 839.1-839.9, 840-848, 850, 854.00-854.04, 854.06-854.09, 861.2, 862, 867.1, 867.3-867.9, 870-874, 875.0, 876-887, 890-897, 905-929

The number of digits in the code indicated is important in identifying the included diagnoses. If a 3 digit code is given, all diagnoses with the first three digits indicated are included. Thus, if there is a 4th and 5th digit subclassification for the code, diagnoses with these 4th and 5th digits are included.

If a 4 digit code is given, all diagnoses with the first four digits indicated are included. Additionally, if there is a 5th digit subclassification for the code, the diagnoses with the first four digits indicated and any of the 5th digits are included. Codes specified to the 5th digit were defined with greater clinical detail and include only that diagnosis.

Where a range of codes are specified (such as 290-292) all diagnoses through 292 are included. The rules for interpreting what is included in the 3 digit code of 292 are indicated above.

Table 3

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.9
Chronic Liver Disease	571-572.8
Chronic Renal Disease	582-583.9, 585-587
Chronic Cardiovascular Disease	412-414.9, 426-429.1
Chronic Pulmonary Disease	491-493.9, 496
Cerebrovascular Degeneration/ Chronic Psychosis	290-290.9, 294-299.9
Hypertensive Disease	402-405.99
Diabetes	250.01, 250.1-250.9

(A comorbidity is taken to be present if its ICD-9-CM code appears on the bill as any one of the up to four additional diagnoses beyond the principal diagnosis.)

BRADLEY MEM HOSP

MERIDEN AVE
SOUTHINGTON, CT 06489

Medicare Hospital Provider Number: 070009

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	798	12	9 - 15	810	11	10 - 15
Cancer	18	44	19 - 64	16	38	18 - 64
Cerebrovascular Accidents	34	18	13 - 41	41	15	18 - 42
Gastrointestinal Catastrophes	9	33	9 - 68	5	40	6 - 78
Infectious Disease	9	33	7 - 66	17	47	14 - 61
Metabolic/Electrolyte Disorders	16	50	11 - 59	9	11	7 - 58
Pulmonary Disease	56	21	17 - 41	49	29	13 - 40
Renal Failure	4	50	9 - 88	5	40	8 - 83
Severe Acute Heart Disease	22	41	23 - 63	33	36	27 - 60
Severe Chronic Heart Disease	60	23	12 - 34	53	17	17 - 39
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	63	5	1 - 17	70	0	1 - 8
Gynecologic Disease	6	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	134	1	1 - 7	116	2	1 - 8
Musculoskeletal/Skin Conditions	59	2	0 - 25	70	3	0 - 18
Neuropsychiatric/Sensory Disease	21	5	0 - 83	23	4	0 - 90
Urologic Disease	28	0	0 - 37	42	5	0 - 77

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	66
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	70
Percent of Physicians Who Are Board Certified Specialists:	83
Interns and Residents:	0
Registered Nurses:	33
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

BRIDGEPORT HOSPITAL

267 GRANT STREET
BRIDGEPORT, CT 06602

Medicare Hospital Provider Number: 070010

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,802	11	10 - 14	3,800	12	10 - 14
Cancer	184	41	29 - 49	172	38	28 - 48
Cerebrovascular Accidents	173	21	19 - 33	194	25	19 - 34
Gastrointestinal Catastrophes	30	50	18 - 56	33	39	18 - 55
Infectious Disease	43	28	18 - 49	41	32	19 - 52
Metabolic/Electrolyte Disorders	46	28	13 - 45	52	17	11 - 38
Pulmonary Disease	137	23	17 - 34	151	25	17 - 35
Renal Failure	16	38	11 - 68	11	18	12 - 70
Severe Acute Heart Disease	204	30	31 - 47	191	35	30 - 46
Severe Chronic Heart Disease	215	22	16 - 29	201	27	16 - 30
Severe Trauma	11	27	9 - 63	14	7	12 - 52
Gastrointestinal Disease	238	3	1 - 7	262	2	1 - 6
Gynecologic Disease	44	0	0 -100	40	0	0 -100
Low-Risk Heart Disease	517	3	2 - 6	463	3	2 - 6
Musculoskeletal/Skin Conditions	305	2	1 - 6	342	1	1 - 5
Neuropsychiatric/Sensory Disease	125	2	0 - 11	85	0	1 - 7
Urologic Disease	159	1	0 - 9	140	1	0 - 9

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	517
Occupancy Rate (%):	80
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	281
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	69
Registered Nurses:	437
Licensed Practical Nurses:	107

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	Yes
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

BRIDGEPORT HOSPITAL

267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610
Telephone: 203 384-3716

Bruce M. McDonald, M.D.
Senior Vice President for Medical Affairs

October 14, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

ATTN: Sandra Kappert

Medicare Provider #: 070010

Dear Ms. Kappert:

The Medicare mortality information pertaining to Bridgeport Hospital for 1987 has been reviewed. The published mortality rate for 1987 is in agreement with the statistics at our hospital. Despite refinements in the methodology employed for calendar year 1987 vs. the methodology previously published for calendar year 1986, the range of predicted mortality continues to be an average mortality for that particular diagnosis. Continued refinement adjusted for severity of illness should be accomplished as soon as possible.

Bridgeport Hospital appreciates receiving the data which will be incorporated into our Quality Assurance Program. Each individual mortality has previously been subjected to extensive review as a component of the Quality Assurance Program.

Sincerely yours,

Bruce McDonald

Bruce McDonald, M.D.

BMcD:ph

BRISTOL HOSP

BREWSTER RD
BRISTOL, CT 06010

Medicare Hospital Provider Number: 070029

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,549	9	11 - 15	1,748	13	12 - 16
Cancer	46	28	27 - 56	83	46	28 - 54
Cerebrovascular Accidents	59	17	17 - 38	77	27	18 - 39
Gastrointestinal Catastrophes	16	25	14 - 59	18	28	14 - 57
Infectious Disease	20	40	20 - 63	15	47	17 - 66
Metabolic/Electrolyte Disorders	50	18	19 - 46	26	23	11 - 48
Pulmonary Disease	83	16	18 - 37	114	25	19 - 38
Renal Failure	5	0	9 - 72	5	40	6 - 81
Severe Acute Heart Disease	61	49	28 - 54	64	44	28 - 53
Severe Chronic Heart Disease	95	15	16 - 32	115	26	17 - 35
Severe Trauma	1	100	2 - 97	6	17	13 - 75
Gastrointestinal Disease	139	1	2 - 7	166	2	1 - 8
Gynecologic Disease	17	0	0 -100	14	0	0 - 98
Low-Risk Heart Disease	170	2	2 - 7	200	3	2 - 8
Musculoskeletal/Skin Conditions	87	1	1 - 9	107	2	2 - 9
Neuropsychiatric/Sensory Disease	69	0	1 - 8	63	3	0 - 19
Urologic Disease	82	0	0 - 8	67	0	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	206
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	92
Percent of Physicians Who Are Board Certified Specialists:	74
Interns and Residents:	0
Registered Nurses:	240
Licensed Practical Nurses:	43

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CHARLOTTE HUNGERFORD HOSP

540 LITCHFIELD ST
TORRINGTON, CT 06790

Medicare Hospital Provider Number: 070011

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,319	13	11 - 16	1,572	13	11 - 16
Cancer	39	56	28 - 61	55	49	29 - 59
Cerebrovascular Accidents	50	20	19 - 43	57	39	18 - 44
Gastrointestinal Catastrophes	20	30	15 - 58	15	40	11 - 61
Infectious Disease	9	0	21 - 59	13	38	12 - 64
Metabolic/Electrolyte Disorders	22	41	13 - 56	23	30	11 - 52
Pulmonary Disease	77	19	15 - 36	80	27	18 - 40
Renal Failure	11	27	15 - 75	3	33	4 - 88
Severe Acute Heart Disease	52	37	27 - 55	77	34	29 - 52
Severe Chronic Heart Disease	77	29	15 - 36	90	21	16 - 35
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	94	5	2 - 13	104	5	1 - 13
Gynecologic Disease	15	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	118	4	2 - 11	157	6	1 - 10
Musculoskeletal/Skin Conditions	93	6	0 - 17	128	2	1 - 8
Neuropsychiatric/Sensory Disease	36	6	1 - 25	56	0	0 - 11
Urologic Disease	69	4	0 - 28	71	0	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	188
Occupancy Rate (%):	67
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	90
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	0
Registered Nurses:	194
Licensed Practical Nurses:	26

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

DANBURY HOSP
24 HOSPITAL AVE
DANBURY, CT 06810

Medicare Hospital Provider Number: 070033

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,835	11	10 - 14	3,048	12	10 - 15
Cancer	146	36	29 - 50	143	45	32 - 54
Cerebrovascular Accidents	109	22	18 - 35	109	26	20 - 38
Gastrointestinal Catastrophes	20	35	11 - 55	23	30	15 - 55
Infectious Disease	27	22	15 - 50	26	27	18 - 56
Metabolic/Electrolyte Disorders	30	17	10 - 43	42	24	9 - 41
Pulmonary Disease	182	26	19 - 36	169	22	17 - 34
Renal Failure	9	56	15 - 80	7	29	14 - 81
Severe Acute Heart Disease	113	24	28 - 47	110	41	30 - 51
Severe Chronic Heart Disease	140	24	16 - 32	136	26	18 - 35
Severe Trauma	3	0	2 - 80	4	50	2 - 83
Gastrointestinal Disease	183	4	1 - 9	200	2	1 - 7
Gynecologic Disease	31	0	0 -100	20	0	0 -100
Low-Risk Heart Disease	322	3	2 - 6	331	2	2 - 6
Musculoskeletal/Skin Conditions	305	2	1 - 6	305	2	1 - 5
Neuropsychiatric/Sensory Disease	132	1	0 - 8	136	1	1 - 8
Urologic Disease	102	0	0 - 7	119	3	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	458
Occupancy Rate (%):	73
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	338
Percent of Physicians Who Are Board Certified Specialists:	88
Interns and Residents:	50
Registered Nurses:	431
Licensed Practical Nurses:	63

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Danbury Hospital
The Community Health Center
Danbury, CT 06810 Tel. (203) 797-7966

Associate Clinical Professor
Department of Pediatrics
Columbia University

WILLIAM ALLEN BAUMAN, M.D.
Vice President, Medical Affairs

October 14, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert,

We reviewed the selected mortality information that Dr. Roper sent us on September 15, 1988. The deaths that you report are accurately reflected in our records. We also note that the data base listing of Medicare patients is consistent with our records. We did not identify any of our Medicare patients who were omitted from your report. In summary, your data about our patients correspond to our data.

The information pertaining to our hospital characteristics however, is incorrect. The 1986 AHA survey shows 225 medical-surgical beds. You report 226. The percent of physicians board certified as specialists is understated in your report by 8% and in 1986, this hospital did not have an organ transplant service.

The 16 categories used to classify mortality contain unrelated diseases whose care includes both medical and surgical cases. The category labels are misleading. They imply for example, that "severe acute heart disease" counts only heart disease patients, whereas pulmonary embolus and aortic aneurysm patients are also included in this category. The practice of including unrelated diseases within one heading can lead to misleading statistics. Categories should at least separate medical management from surgical management.

The model fails to account for local resource differences in regard to places in which to die. This factor biases the types of hospital admissions and effects hospital specific mortality rates.

Year to year data comparisons help to overcome these biases. Further experience with such comparative data will shed light on changes in patterns of disease, access to hospitals and changes in clinical management.

Thank you for giving us an opportunity to respond.

Sincerely yours,

William A. Bauman

William A. Bauman, M.D.

WAB:eh

DAY KIMBALL HOSPITAL

320 POMFRET STREET
PUTNAM, CT 06260

Medicare Hospital Provider Number: 070003

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,261	13	11 - 16	1,347	12	10 - 15
Cancer	39	46	25 - 58	51	43	26 - 56
Cerebrovascular Accidents	59	32	15 - 40	61	38	16 - 41
Gastrointestinal Catastrophes	11	45	13 - 68	15	40	15 - 64
Infectious Disease	15	27	14 - 60	7	0	11 - 57
Metabolic/Electrolyte Disorders	39	21	15 - 46	22	5	8 - 37
Pulmonary Disease	77	23	18 - 39	107	19	14 - 33
Renal Failure	7	43	13 - 81	6	17	8 - 76
Severe Acute Heart Disease	58	45	26 - 53	73	34	26 - 50
Severe Chronic Heart Disease	91	19	12 - 30	83	18	13 - 31
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	108	5	1 - 12	110	2	1 - 9
Gynecologic Disease	10	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	152	3	2 - 8	168	2	1 - 7
Musculoskeletal/Skin Conditions	75	3	0 - 14	111	2	1 - 9
Neuropsychiatric/Sensory Disease	23	0	0 - 40	28	0	0 - 50
Urologic Disease	58	0	0 - 12	63	2	0 - 26

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	105
Occupancy Rate (%):	74
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	29
Percent of Physicians Who Are Board Certified Specialists:	0
Interns and Residents:	0
Registered Nurses:	122
Licensed Practical Nurses:	13

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

GREENWICH HOSP ASSN

PERRYRIDGE RD
GREENWICH, CT 06830

Medicare Hospital Provider Number: 070018

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,840	10	10 - 15	1,884	12	11 - 16
Cancer	76	38	29 - 54	92	42	31 - 56
Cerebrovascular Accidents	86	12	18 - 34	82	28	19 - 40
Gastrointestinal Catastrophes	21	29	20 - 61	14	43	15 - 66
Infectious Disease	19	32	22 - 65	19	26	15 - 56
Metabolic/Electrolyte Disorders	21	24	9 - 49	16	31	12 - 59
Pulmonary Disease	94	27	18 - 38	102	31	20 - 41
Renal Failure	11	27	15 - 75	11	55	14 - 77
Severe Acute Heart Disease	82	40	31 - 54	76	36	30 - 53
Severe Chronic Heart Disease	67	24	16 - 38	98	18	18 - 35
Severe Trauma	1	100	2 - 97	6	33	4 - 74
Gastrointestinal Disease	144	1	1 - 6	154	3	1 - 8
Gynecologic Disease	21	0	0 -100	15	0	0 -100
Low-Risk Heart Disease	231	2	1 - 6	200	5	1 - 9
Musculoskeletal/Skin Conditions	218	1	1 - 5	215	3	1 - 7
Neuropsychiatric/Sensory Disease	83	4	0 - 17	103	1	1 - 8
Urologic Disease	74	0	0 - 10	80	1	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	234
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	155
Percent of Physicians Who Are Board Certified Specialists:	74
Interns and Residents:	19
Registered Nurses:	229
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

GRIFFIN HOSP

130 DIVISION ST
DERBY, CT 06418

Medicare Hospital Provider Number: 070031

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,538	14	10 - 15	1,637	13	11 - 15
Cancer	60	40	23 - 51	65	40	26 - 53
Cerebrovascular Accidents	65	28	15 - 38	82	27	17 - 38
Gastrointestinal Catastrophes	18	50	14 - 60	15	20	17 - 60
Infectious Disease	40	27	23 - 54	22	41	15 - 57
Metabolic/Electrolyte Disorders	27	33	11 - 49	36	36	13 - 48
Pulmonary Disease	66	33	14 - 39	77	22	16 - 38
Renal Failure	6	33	13 - 83	5	40	4 - 81
Severe Acute Heart Disease	74	42	27 - 51	83	36	25 - 48
Severe Chronic Heart Disease	100	20	15 - 33	108	21	15 - 32
Severe Trauma	3	33	2 - 86	3	0	1 - 86
Gastrointestinal Disease	143	2	1 - 8	124	3	1 - 10
Gynecologic Disease	25	0	0 -100	23	0	0 -100
Low-Risk Heart Disease	150	2	1 - 7	164	4	1 - 9
Musculoskeletal/Skin Conditions	125	4	0 - 11	111	3	1 - 10
Neuropsychiatric/Sensory Disease	30	0	0 - 47	28	14	0 - 64
Urologic Disease	73	0	0 - 11	75	4	0 - 22

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	200
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	109
Percent of Physicians Who Are Board Certified Specialists:	67
Interns and Residents:	15
Registered Nurses:	120
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Griffin Health Services Corporation

Griffin Hospital

HOSPITAL: 070031

Griffin Hospital's mortality experience for 1987 was well within the HCFA-defined range of predicted mortality. This was true for all causes of death, as well as for specific diagnostic causes. We believe that coupled with last year's positive report, this certifies Griffin's continuing dedication to the quality of patient care.

For the past nine fiscal years the mortality rate for our Medicare patients (the ratio of patients who died before discharge to the total number of patients) has been between 6.5% and 8.9%. During this same time period the Commission on Professional and Hospital Activities (CPHA) has been measuring the effect of our case mix on the resources needed to treat patients using the Resource Need Index (RNI). An RNI of greater than one indicates a case mix of a higher complexity than the average hospital in the country. Since 1980 Griffin's RNI has always been above 1.0, ranging from 1.10 in Fiscal Year 1980 to 1.26 in Fiscal Year 1986 and 1.27 in Fiscal Year 1987.

The high Resource Need Index between 1980 and 1987 demonstrates that Griffin Hospital treats patients who are medically more complex than average but we are holding our mortality rate below the expected rate for Medicare patients.

Another method of analysis also demonstrates that Griffin's quality of care, as measured by mortality, is within expected limits. For example, according to CPHA data Griffin Hospital's mortality experience compared favorably in 1987 to the Northeast region (based on medical records from about 132,000 patients from Pennsylvania, New York, New Jersey, Connecticut, Rhode Island, Massachusets, Vermont, New Hampshire, and Maine). The regional ratio of actual deaths of all Medicare patients to expected deaths was 1.111, while the Griffin ratio was 1.010, or 10% lower than that expected for the region. The Griffin ratio for expected Medicare deaths between the ages of 65 - 74 was 1.148, and for patients over 74 years of age, Griffin's ratio was 0.868, 33% lower than the regional ratio of 1.150.

Looking at the diagnostic categories used by HCFA, Griffin's actual-to-expected ratio for Medicare mortality was lower for 12 out of the 16 groupings when compared to a CPHA national sample of over 10,000,000 hospital records in more than 1100 hospitals. For high-risk categories, such as cancer, stroke, severe heart disease, Griffin Hospital's Medicare mortality ratio was lower for 6 out of the 10 categories when compared to the national sample.

Another measure of patient care is the rate of infection experienced by inpatients. Griffin Hospital's rate has been in the range of 3 - 4% since 1980. In Fiscal Year 1986 the rate was 4.1%, and it decreased to 3.9% during Fiscal Year 1987.

In summary, Griffin's efforts to insure the best quality care for its patients has resulted in a number of positive outcomes:

- when compared to the HCFA ranges for expected mortality, our rates are within the HCFA ranges, although some increased from 1986 to 1987 in some diagnostic groupings. However, actual cases of mortality decreased 99 between the two years.

- the complexity of our case-mix, as measured by the Resource Need Index, has been about 27% greater than the case-mix of average hospitals in the country.

- when utilizing CPHA data the 1987 actual-to-expected mortality ratio for Medicare patients at Griffin was 10% below the Northeastern region, and 33% below the regional ratio for those patients who were 75 years and older.

- as monitored on a monthly basis, the mortality rate for Griffin patients 65 years old or older has been decreasing, from 8.69 in Fiscal Year 1986 to 8.40 in Fiscal Year 1987, and the surgical mortality rate for the same age group has been decreasing, from 6.7 in Fiscal Year 1985 to 6.3 in Fiscal Year 1986 and 4.6 in Fiscal Year 1987.

The above information demonstrates the conscientious effort that Griffin Hospital commits to the quality review process.

HARTFORD HOSP

80 SEYMOUR ST
HARTFORD, CT 06106

Medicare Hospital Provider Number: 070025

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	6,724	11	10 - 14	6,919	11	10 - 14
Cancer	354	35	32 - 49	362	36	32 - 49
Cerebrovascular Accidents	238	20	19 - 32	224	24	20 - 34
Gastrointestinal Catastrophes	63	30	23 - 52	76	25	25 - 51
Infectious Disease	38	58	24 - 58	50	38	21 - 52
Metabolic/Electrolyte Disorders	71	23	14 - 40	55	36	12 - 43
Pulmonary Disease	271	25	18 - 33	279	26	18 - 33
Renal Failure	32	16	12 - 59	33	36	15 - 66
Severe Acute Heart Disease	349	30	30 - 44	332	30	32 - 46
Severe Chronic Heart Disease	296	19	18 - 29	314	25	18 - 30
Severe Trauma	29	38	12 - 52	20	25	11 - 54
Gastrointestinal Disease	477	2	2 - 6	476	3	1 - 6
Gynecologic Disease	73	3	0 -100	81	1	0 - 40
Low-Risk Heart Disease	750	4	2 - 6	750	3	2 - 5
Musculoskeletal/Skin Conditions	664	2	1 - 4	778	1	1 - 4
Neuropsychiatric/Sensory Disease	259	2	1 - 6	248	2	1 - 6
Urologic Disease	210	1	0 - 7	288	1	0 - 5

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	975
Occupancy Rate (%):	82
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	588
Percent of Physicians Who Are Board Certified Specialists:	82
Interns and Residents:	207
Registered Nurses:	644
Licensed Practical Nurses:	170

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

Hartford
Hospital

October 20, 1988

Health Standards & Quality Bureau
HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Attn: Mrs. Sandra Kappert MEDICARE PROVIDER # 070025

Dear Mrs. Kappert:

We, at Hartford Hospital, appreciate the efforts of the Healthcare Financing Administration to assist us in evaluating the quality of care we give to our patients. The refined mortality statistics you have provided have been used by our quality assurance staff to identify those few patients dying shortly after discharge from the hospital. All deaths of patients occurring in Hartford Hospital have, for many years, been subjected to thorough physician peer review in departmental mortality and morbidity conferences; however, we previously had no easy access to identifying post-discharge deaths.

Mortality statistics, as you have repeatedly pointed out, are only one measure used in evaluating quality of patient care. Other significant quality indicators employed by Hartford Hospital include: studies of readmissions, complications, blood and drug usage for appropriateness, credentials and competency evaluations of caregivers, and patient satisfaction as well as careful follow-up to assure resolution of identified problems.

Thank you for the opportunity to comment on the data. The attached page points out that four patients listed by HCFA as dying after discharge actually died in the hospital; these deaths were all expected and the dates of death cited by HCFA were in error.

Sincerely,

John Meehan

John J. Meehan,
President & Chief Operating Officer

JJM:gmp

JOHN DEMPSEY HOSP

FARMINGTON AVE
FARMINGTON, CT 06032

Medicare Hospital Provider Number: 070036

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	899	11	9 - 15	905	11	10 - 16
Cancer	40	47	31 - 64	35	40	29 - 63
Cerebrovascular Accidents	21	24	10 - 48	46	15	18 - 41
Gastrointestinal Catastrophes	10	40	10 - 67	10	0	19 - 56
Infectious Disease	4	25	4 - 80	14	29	17 - 65
Metabolic/Electrolyte Disorders	12	42	11 - 64	19	37	18 - 62
Pulmonary Disease	50	30	17 - 44	36	31	14 - 45
Renal Failure	3	0	5 - 82	4	50	11 - 89
Severe Acute Heart Disease	30	37	23 - 58	36	31	23 - 54
Severe Chronic Heart Disease	43	12	13 - 35	23	17	17 - 49
Severe Trauma	6	17	3 - 70	5	0	7 - 66
Gastrointestinal Disease	34	3	0 - 46	50	2	0 - 23
Gynecologic Disease	5	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	87	5	0 - 15	79	3	1 - 12
Musculoskeletal/Skin Conditions	112	2	0 - 10	125	2	0 - 11
Neuropsychiatric/Sensory Disease	34	0	0 - 24	47	4	0 - 43
Urologic Disease	33	0	0 - 55	20	0	0 - 87

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	232
Occupancy Rate (%):	69
Ownership/Control:	State Government

STAFFING

Total Number of Physicians:	963
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	271
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

JOHNSON MEM HOSP

CHESTNUT HILL
STAFFORD SPRINGS, CT 06076

Medicare Hospital Provider Number: 070008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**	**Cases**	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**
All Cases	613	9	10 - 15	649	10	10 - 16
Cancer	13	46	11 - 63	10	30	19 - 73
Cerebrovascular Accidents	18	6	13 - 42	25	16	14 - 45
Gastrointestinal Catastrophes	6	17	7 - 70	5	40	4 - 78
Infectious Disease	9	11	10 - 59	9	33	8 - 67
Metabolic/Electrolyte Disorders	4	100	14 - 77	21	38	13 - 56
Pulmonary Disease	45	16	13 - 37	55	16	17 - 39
Renal Failure	2	50	5 - 94	3	0	12 - 87
Severe Acute Heart Disease	29	34	23 - 57	25	24	24 - 58
Severe Chronic Heart Disease	42	14	12 - 35	31	13	11 - 37
Severe Trauma	2	0	2 - 89	1	0	0 -100
Gastrointestinal Disease	44	0	1 - 13	60	3	1 - 17
Gynecologic Disease	5	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	81	5	2 - 14	84	4	1 - 12
Musculoskeletal/Skin Conditions	53	0	0 - 11	47	6	1 - 24
Neuropsychiatric/Sensory Disease	11	0	0 - 99	21	5	0 - 94
Urologic Disease	21	0	0 - 88	13	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 64
Occupancy Rate (%): 59
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 56
Percent of Physicians Who Are Board Certified Specialists: 68
Interns and Residents: 0
Registered Nurses: 34
Licensed Practical Nurses: 16

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

LAWRENCE & MEM HOSPS

365 MONTAUK AVE
NEW LONDON, CT 06320

Medicare Hospital Provider Number: 070007

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,522	11	10 - 14	2,691	12	10 - 15
Cancer	124	40	28 - 50	106	41	27 - 51
Cerebrovascular Accidents	111	20	17 - 34	114	27	18 - 36
Gastrointestinal Catastrophes	25	40	19 - 59	47	36	20 - 52
Infectious Disease	31	16	20 - 50	40	10	24 - 50
Metabolic/Electrolyte Disorders	31	23	11 - 46	41	24	8 - 40
Pulmonary Disease	137	19	16 - 32	142	20	17 - 34
Renal Failure	17	35	10 - 67	12	25	16 - 75
Severe Acute Heart Disease	109	36	29 - 50	123	36	29 - 48
Severe Chronic Heart Disease	137	17	16 - 30	133	20	15 - 31
Severe Trauma	8	50	7 - 71	6	17	4 - 70
Gastrointestinal Disease	196	3	1 - 8	197	3	1 - 8
Gynecologic Disease	19	0	0 -100	25	0	0 -100
Low-Risk Heart Disease	238	4	1 - 7	267	3	1 - 7
Musculoskeletal/Skin Conditions	253	2	1 - 6	249	3	1 - 7
Neuropsychiatric/Sensory Disease	58	9	0 - 49	82	1	1 - 10
Urologic Disease	115	0	0 - 7	95	0	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	322
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	278
Percent of Physicians Who Are Board Certified Specialists:	83
Interns and Residents:	0
Registered Nurses:	288
Licensed Practical Nurses:	69

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

273A

Lawrence and Memorial Hospital

WILLIAM T. CHRISTOPHER, JR., FACHE
President/CEO

October 21, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health and Human Services
Washington, DC 20201

Dear Dr. Roper:

Lawrence and Memorial Hospital appreciates the opportunity to review and comment on the Medicare Hospital Mortality Data 1988, prior to formal release.

Our Quality Assurance Staff has reviewed the patient data specific to Lawrence and Memorial and has verified its accuracy with only slight insignificant discrepancies. We are pleased to note that our mortality rates are well within the predicted ranges developed by HCFA in all 16 diagnostic categories.

We, however, would like to update figures regarding the characteristics of our Hospital. Please note the following adjustments:

	HCFA DATA	ACTUAL DATA
BEDS	228	280
OCCUPANCY RATE	69%	77%
TOTAL NUMBER OF DOCTORS	258	228
% BOARD CERTIFIED	72%	85%

It is understood that:

The increased bed complement would influence the "nurses per bed" figures. However, our Nursing Administration finds hours per patient day a more meaningful statistic to evaluate productivity, and therefore, cannot adjust this figure.

We would like to commend the Health Care Financing Administration for its continued efforts in providing the hospital industry with mortality data. We appreciate the fact that you do not recommend the use of this information by itself to make judgements about the quality of care an institution renders. Lawrence and Memorial Hospital has an active formal program that assesses objectively the quality of care provided to our patients and is dependant on concurrent review, evaluation, and corrective action, rather than the retrospective outcome of mortality.

Sincerely,

Margaret F. Austin

Magaret F. Austin
Medical Resources Coordinator

MFA:dcs

xc: Mr. William T. Christopher, Jr., FACHE, President & C.E.O.

MANCHESTER MEM HOSP

71 HAYNES ST
MANCHESTER, CT 06040

Medicare Hospital Provider Number: 070027

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,032	12	11 - 16	2,005	13	12 - 16
Cancer	74	50	29 - 55	68	41	29 - 56
Cerebrovascular Accidents	67	33	19 - 42	69	33	19 - 42
Gastrointestinal Catastrophes	18	50	16 - 62	24	46	18 - 59
Infectious Disease	26	19	19 - 53	26	42	21 - 60
Metabolic/Electrolyte Disorders	29	38	13 - 52	38	18	10 - 41
Pulmonary Disease	120	21	18 - 36	106	32	19 - 40
Renal Failure	13	23	14 - 71	11	45	15 - 77
Severe Acute Heart Disease	91	30	28 - 49	111	32	30 - 50
Severe Chronic Heart Disease	127	22	16 - 32	117	26	15 - 32
Severe Trauma	1	0	0 - 99	3	0	11 - 84
Gastrointestinal Disease	172	2	2 - 8	160	1	1 - 6
Gynecologic Disease	30	0	0 - 90	19	0	0 -100
Low-Risk Heart Disease	236	3	2 - 7	228	3	2 - 7
Musculoskeletal/Skin Conditions	193	2	1 - 7	144	1	1 - 7
Neuropsychiatric/Sensory Disease	53	6	0 - 25	77	0	1 - 8
Urologic Disease	73	3	0 - 18	92	1	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	303
Occupancy Rate (%):	56
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	131
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	167
Licensed Practical Nurses:	59

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MERIDEN-WALLINGFORD HOSPITAL

181 COOK AVENUE
MERIDEN, CT 06450

Medicare Hospital Provider Number: 070017

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,743	13	12 - 16	1,709	13	11 - 16
Cancer	85	48	32 - 57	67	49	29 - 56
Cerebrovascular Accidents	61	21	18 - 40	78	21	18 - 38
Gastrointestinal Catastrophes	23	43	15 - 57	31	45	18 - 56
Infectious Disease	41	22	21 - 51	40	30	20 - 53
Metabolic/Electrolyte Disorders	49	33	12 - 43	41	20	13 - 43
Pulmonary Disease	97	22	16 - 36	80	22	19 - 40
Renal Failure	4	50	7 - 86	14	21	13 - 69
Severe Acute Heart Disease	66	55	27 - 53	73	36	28 - 52
Severe Chronic Heart Disease	113	22	14 - 31	82	26	14 - 34
Severe Trauma	3	33	4 - 86	4	25	1 - 83
Gastrointestinal Disease	106	3	1 - 10	135	3	2 - 9
Gynecologic Disease	18	6	0 -100	20	0	0 -100
Low-Risk Heart Disease	164	2	1 - 8	167	3	1 - 8
Musculoskeletal/Skin Conditions	136	3	1 - 9	130	2	1 - 8
Neuropsychiatric/Sensory Disease	61	2	1 - 13	54	0	0 - 13
Urologic Disease	61	2	0 - 24	75	0	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	172
Occupancy Rate (%):	75
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	157
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	181
Licensed Practical Nurses:	33

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

MIDDLESEX MEM HOSP

28 CRESCENT ST
MIDDLETOWN, CT 06457

Medicare Hospital Provider Number: 070020

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,777	15	12 - 16	2,970	14	11 - 16
Cancer	123	57	29 - 51	127	50	30 - 52
Cerebrovascular Accidents	110	32	19 - 38	144	29	20 - 37
Gastrointestinal Catastrophes	26	42	22 - 62	32	31	19 - 55
Infectious Disease	45	44	20 - 52	51	45	23 - 54
Metabolic/Electrolyte Disorders	63	19	15 - 42	70	19	14 - 40
Pulmonary Disease	199	31	18 - 35	163	31	17 - 35
Renal Failure	17	18	15 - 66	8	25	13 - 78
Severe Acute Heart Disease	120	45	30 - 51	155	36	31 - 49
Severe Chronic Heart Disease	158	16	16 - 29	170	22	16 - 31
Severe Trauma	5	0	10 - 67	1	0	0 -100
Gastrointestinal Disease	228	1	2 - 6	218	2	1 - 7
Gynecologic Disease	36	0	0 -100	41	2	0 -100
Low-Risk Heart Disease	267	4	2 - 8	293	3	2 - 7
Musculoskeletal/Skin Conditions	190	3	1 - 8	210	4	1 - 8
Neuropsychiatric/Sensory Disease	72	8	0 - 23	66	0	1 - 9
Urologic Disease	113	1	0 - 8	114	3	0 - 13

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	264
Occupancy Rate (%):	(not available)
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

mmh

Middlesex Memorial Hospital

28 Crescent Street
Middletown
Connecticut
06457

203 347-9471

October 21, 1988

William R. Roper, MD
Administrator
Department of Health and Human Services
Health Care Financing Administration
Washington, D.C. 20201

Dear Dr. Roper:

On behalf of Middlesex Memorial Hospital (MMH), I thank you for the opportunity to review and comment on 1987 Medicare mortality data prior to its release to the public. We have carefully reviewed the data, which indicate that mortality rates for MMH are within the predicted ranges for all categories except Cancer. We would like to direct our comments first to the MMH Hospital Characteristics provided by HCFA, and secondly, to our Cancer mortality rate.

Our comments regarding Hospital Characteristics are offered to provide an accurate profile of the size and staffing of MMH, but more importantly, to correct the information regarding our Specialty Services. Excluding Emergency Department nurses, MMH currently staffs 297 beds with 217.9 full-time equivalent (FTE) Registered Nurses and 51.4 FTE Licensed Practical Nurses. Our ratio of RNs and LPNs per bed is 0.73 and 0.17, respectively. There are currently 206 physicians on our active Medical Staff, 73% of whom are board certified. With respect to our Specialty Services information: MMH does have a Coronary Care Unit, but does not have either a Shock/Trauma or Burn Unit or an Organ Transplant Service. Of particular importance with respect to our Cancer mortality statistics is the fact that MMH does have a Hospice Care service. Since 171 (75%) of the 227 patients admitted to our Hospice Unit were diagnosed as having cancer, the existence of the Unit has resulted in the misleadingly high Cancer mortality rate for MMH.

MMH has conducted a thorough medical record review of the 70 Medicare patient Cancer mortalities identified in the HCFA mortality data. Eleven of the 70 mortalities were patients who had received no prior treatment for their cancer at MMH. These patients were included in our mortality statistics simply because they had enrolled in our Hospice Program. Thus, if we did not have a Hospice Unit, these patients would not have been included in our mortality data, and our Cancer mortality rate would have been within the range predicted by HCFA.

at Southwinds
The Shoreline Clinic
Route 153 Essex
06426
203 767-0107

Middlesex Medical Center
at Cromwell Commons
136 Berlin Road Cromwell
06416
203 635-4323

We believe that two additional comments regarding MMH's Cancer mortality rate are appropriate, given the existence of our Hospice Unit. First, 50 of the 70 Cancer mortalities were patients who died in our Hospice Unit. In addition to the 11 patients who would not have been admitted to MMH if we did not have a Hospice Unit, a number of the remaining 39 Hospice patients included in HCFA's Cancer mortality data would probably not have had an admission to MMH within six months of their death. While it is impossible to determine how many patients would have been excluded from HCFA's data, it is likely that a number of them would have died either at home or perhaps at another hospice facility.

Our final comment addresses the severity of illness of the patients included in MMH's Cancer data. We have conducted an in-depth medical record audit of these patients, including a review of treatment provided during MMH admissions prior to 1987. The vast majority of these patients were diagnosed with cancers which are either difficult to diagnose early enough to provide effective treatment and/or who had cancers which have a very low survival rate. The severity of illness for the 70 patients was such that death was a likely outcome, regardless of the type of treatment or the facility at which treatment was rendered. This is corroborated by the fact that 50 of the 70 patients died in our Hospice Unit.

Once again, I would like to thank you for the opportunity to comment on the data. Also, we welcome the opportunity that the HCFA's data provides for MMH to supplement its on-going, comprehensive in-house quality assurance program with focused reviews, based on your data, of the quality of care rendered at our facility.

Sincerely,

Michael W Rumery

MICHAEL W. RUMERY
Associate Administrator,
Administrative Services

MWR:alg
2999U

MILFORD HOSPITAL

2047 BRIDGEPORT AVE
MILFORD, CT 06460

Medicare Hospital Provider Number: 070019

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,067	14	10 - 16	1,058	12	11 - 16
Cancer	44	32	25 - 55	41	41	24 - 56
Cerebrovascular Accidents	40	32	14 - 44	52	21	17 - 41
Gastrointestinal Catastrophes	8	13	9 - 63	16	38	15 - 62
Infectious Disease	17	24	12 - 55	19	26	15 - 56
Metabolic/Electrolyte Disorders	15	67	13 - 60	9	33	3 - 66
Pulmonary Disease	66	24	14 - 37	67	25	16 - 40
Renal Failure	4	75	6 - 83	3	0	6 - 82
Severe Acute Heart Disease	64	39	25 - 51	47	38	25 - 53
Severe Chronic Heart Disease	74	22	15 - 35	59	17	16 - 37
Severe Trauma	1	0	1 - 97	1	0	1 - 97
Gastrointestinal Disease	105	3	1 - 11	78	8	1 - 19
Gynecologic Disease	6	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	103	0	1 - 6	115	2	1 - 8
Musculoskeletal/Skin Conditions	76	5	0 - 32	82	1	1 - 9
Neuropsychiatric/Sensory Disease	41	5	0 - 56	48	0	1 - 12
Urologic Disease	40	0	0 - 28	35	0	0 - 32

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	149
Occupancy Rate (%):	56
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	67
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	109
Licensed Practical Nurses:	4

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MT SINAI HOSP

500 BLUE HILLS AVE
HARTFORD, CT 06101

Medicare Hospital Provider Number: 070013

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,795	11	10 - 15	1,694	13	11 - 16
Cancer	53	15	27 - 51	45	33	24 - 55
Cerebrovascular Accidents	50	32	15 - 42	59	27	15 - 39
Gastrointestinal Catastrophes	12	25	15 - 65	12	25	20 - 70
Infectious Disease	17	29	13 - 57	12	8	17 - 58
Metabolic/Electrolyte Disorders	54	26	13 - 42	57	28	15 - 44
Pulmonary Disease	121	29	19 - 39	106	31	20 - 40
Renal Failure	9	22	7 - 70	7	29	6 - 75
Severe Acute Heart Disease	61	38	27 - 53	66	50	29 - 54
Severe Chronic Heart Disease	80	25	17 - 37	91	21	19 - 37
Severe Trauma	2	100	4 - 89	2	50	0 - 97
Gastrointestinal Disease	123	2	1 - 9	114	1	2 - 7
Gynecologic Disease	18	0	0 - 97	9	0	0 -100
Low-Risk Heart Disease	215	4	1 - 8	186	5	2 - 9
Musculoskeletal/Skin Conditions	128	2	1 - 9	123	2	1 - 9
Neuropsychiatric/Sensory Disease	52	4	0 - 24	48	0	0 - 14
Urologic Disease	91	1	0 - 12	70	4	0 - 22

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	305
Occupancy Rate (%):	75
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	239
Percent of Physicians Who Are Board Certified Specialists:	87
Interns and Residents:	48
Registered Nurses:	337
Licensed Practical Nurses:	29

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

NEW BRITAIN GEN HOSP

100 GRAND ST
NEW BRITAIN, CT 06050

Medicare Hospital Provider Number: 070035

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,264	12	10 - 14	3,320	12	11 - 15
Cancer	117	38	27 - 49	141	40	28 - 50
Cerebrovascular Accidents	148	20	20 - 35	175	22	20 - 35
Gastrointestinal Catastrophes	39	41	19 - 53	28	39	20 - 59
Infectious Disease	30	10	22 - 50	18	28	10 - 54
Metabolic/Electrolyte Disorders	43	42	15 - 49	41	51	17 - 51
Pulmonary Disease	150	23	17 - 34	166	30	19 - 37
Renal Failure	18	28	18 - 72	13	38	19 - 78
Severe Acute Heart Disease	139	28	29 - 47	158	36	32 - 50
Severe Chronic Heart Disease	163	18	18 - 32	154	25	16 - 31
Severe Trauma	9	44	10 - 70	7	29	7 - 71
Gastrointestinal Disease	205	1	1 - 6	224	2	1 - 7
Gynecologic Disease	47	2	0 -100	35	0	0 - 99
Low-Risk Heart Disease	369	7	2 - 8	331	2	2 - 6
Musculoskeletal/Skin Conditions	254	4	1 - 8	273	4	1 - 7
Neuropsychiatric/Sensory Disease	216	0	1 - 5	239	3	0 - 8
Urologic Disease	159	1	0 - 6	136	1	0 - 9

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	329
Occupancy Rate (%):	77
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	208
Percent of Physicians Who Are Board Certified Specialists:	79
Interns and Residents:	46
Registered Nurses:	377
Licensed Practical Nurses:	35

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NEW MILFORD HOSP

21 ELM ST
NEW MILFORD, CT 06776

Medicare Hospital Provider Number: 070015

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	795	8	10 - 15	854	12	9 - 15
Cancer	25	48	24 - 63	14	57	19 - 68
Cerebrovascular Accidents	25	12	18 - 46	27	33	15 - 51
Gastrointestinal Catastrophes	9	33	18 - 75	7	14	13 - 70
Infectious Disease	7	29	8 - 71	8	0	16 - 58
Metabolic/Electrolyte Disorders	13	23	9 - 57	6	67	11 - 77
Pulmonary Disease	52	6	18 - 35	56	27	15 - 40
Renal Failure	2	50	5 - 94	4	75	9 - 86
Severe Acute Heart Disease	24	29	23 - 60	34	29	25 - 57
Severe Chronic Heart Disease	39	13	15 - 38	39	18	12 - 38
Severe Trauma	1	0	2 - 97	0	-	-
Gastrointestinal Disease	62	2	0 - 14	60	2	0 - 14
Gynecologic Disease	7	0	0 -100	9	0	0 -100
Low-Risk Heart Disease	85	1	1 - 9	89	4	1 - 13
Musculoskeletal/Skin Conditions	88	1	0 - 10	115	1	1 - 7
Neuropsychiatric/Sensory Disease	10	0	0 - 68	24	0	0 - 36
Urologic Disease	42	2	0 - 88	27	0	0 - 40

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	85
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	51
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	90
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NORWALK HOSPITAL

MAPLE ST
NORWALK, CT 06856

Medicare Hospital Provider Number: 070034

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,681	11	10 - 15	2,808	10	11 - 15
Cancer	130	42	32 - 54	141	38	30 - 51
Cerebrovascular Accidents	101	18	16 - 33	114	25	20 - 38
Gastrointestinal Catastrophes	30	47	17 - 56	35	34	20 - 55
Infectious Disease	30	33	18 - 54	29	31	20 - 57
Metabolic/Electrolyte Disorders	39	26	11 - 44	37	19	10 - 41
Pulmonary Disease	108	31	16 - 37	132	21	18 - 36
Renal Failure	11	45	11 - 73	8	0	12 - 66
Severe Acute Heart Disease	123	31	30 - 49	144	28	31 - 49
Severe Chronic Heart Disease	133	14	17 - 31	148	21	17 - 32
Severe Trauma	7	14	6 - 65	13	15	7 - 55
Gastrointestinal Disease	177	2	2 - 8	180	2	1 - 7
Gynecologic Disease	11	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	268	4	1 - 7	281	2	2 - 6
Musculoskeletal/Skin Conditions	264	3	1 - 7	273	3	1 - 7
Neuropsychiatric/Sensory Disease	85	0	1 - 7	92	2	0 - 11
Urologic Disease	146	1	0 - 9	121	2	0 - 9

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	437
Occupancy Rate (%):	69
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	293
Percent of Physicians Who Are Board Certified Specialists:	74
Interns and Residents:	50
Registered Nurses:	431
Licensed Practical Nurses:	36

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

PARK CITY HOSP

695 PARK AVE
BRIDGEPORT, CT 06604

Medicare Hospital Provider Number: 070023

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	484	11	8 - 15	556	9	9 - 15
Cancer	21	48	21 - 63	20	35	15 - 57
Cerebrovascular Accidents	24	17	12 - 44	20	15	13 - 47
Gastrointestinal Catastrophes	2	0	4 - 89	8	25	15 - 73
Infectious Disease	10	30	9 - 64	7	14	14 - 71
Metabolic/Electrolyte Disorders	9	22	2 - 64	13	23	4 - 55
Pulmonary Disease	13	54	9 - 60	30	17	11 - 40
Renal Failure	3	67	4 - 88	6	17	10 - 77
Severe Acute Heart Disease	21	38	17 - 58	14	36	20 - 67
Severe Chronic Heart Disease	24	0	14 - 31	30	20	12 - 42
Severe Trauma	0	-	-	1	0	3 - 99
Gastrointestinal Disease	27	0	1 - 20	30	3	0 - 53
Gynecologic Disease	1	0	0 -100	0	-	-
Low-Risk Heart Disease	38	0	0 - 17	57	2	1 - 14
Musculoskeletal/Skin Conditions	44	2	0 - 36	60	3	0 - 24
Neuropsychiatric/Sensory Disease	42	2	0 - 36	32	3	0 - 94
Urologic Disease	21	0	0 - 96	27	4	0 - 42

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	140
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	152
Percent of Physicians Who Are Board Certified Specialists:	57
Interns and Residents:	0
Registered Nurses:	105
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ROCKVILLE GENERAL HOSP

31 UNION ST
ROCKVILLE, CT 06066

Medicare Hospital Provider Number: 070012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	894	11	10 - 15	903	11	10 - 15
Cancer	24	46	26 - 66	34	35	22 - 56
Cerebrovascular Accidents	27	33	13 - 49	39	23	18 - 45
Gastrointestinal Catastrophes	6	50	10 - 78	14	36	10 - 61
Infectious Disease	5	20	5 - 74	9	22	13 - 67
Metabolic/Electrolyte Disorders	20	30	15 - 57	11	18	13 - 62
Pulmonary Disease	49	29	13 - 41	33	21	10 - 40
Renal Failure	7	43	13 - 82	7	43	15 - 84
Severe Acute Heart Disease	43	33	29 - 58	44	34	26 - 55
Severe Chronic Heart Disease	33	21	11 - 40	43	14	12 - 35
Severe Trauma	2	0	4 - 89	2	100	9 - 93
Gastrointestinal Disease	72	0	1 - 8	89	6	1 - 15
Gynecologic Disease	10	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	103	3	1 - 10	98	4	1 - 12
Musculoskeletal/Skin Conditions	85	4	0 - 15	103	5	1 - 14
Neuropsychiatric/Sensory Disease	28	0	0 - 39	40	2	0 - 49
Urologic Disease	47	0	0 - 13	43	0	0 - 28

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	102
Occupancy Rate (%):	61
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	88
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	150
Licensed Practical Nurses:	26

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Quality Assurance
Rockville General Hospital
31 Union Street
Rockville, CT 06066
(203) 872-0501

October 19, 1988

Mr. Barry G. Beeman
Chief Operating Officer
Rockville General Hospital

Dear Mr. Beeman:

I have reviewed the material we obtained recently from the Department of Health and Human Services concerning Medicare hospital mortality information. Only a few comments are required.

First of all, our actual mortality rate falls well within the range for the predicted mortality rate overall. Secondly, the 100% mortality rate reported for calendar year 1986 for severe trauma is statistically insignificant because only two patients fell into that category and both died. In 1987 two patients fell into that category and both survived making that mortality rate for that year 0.

The other comment I would make is that we are listed as doing organ transplant services. In the sense that we do cornea transplantation that is correct. However, it is listed that we do not do hospice care and that is incorrect and deserves comment.

Sincerely,

Benjamin Adamo, MD\RMH

Benjamin Adamo, M.D.
Acting Quality Assurance Director

SHARON HOSPITAL

WEST MAIN ST
SHARON, CT 06069

Medicare Hospital Provider Number: 070004

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	804	11	11 - 16	817	11	10 - 15
Cancer	25	56	25 - 64	18	56	22 - 66
Cerebrovascular Accidents	30	33	14 - 48	32	22	12 - 42
Gastrointestinal Catastrophes	10	30	16 - 71	7	14	8 - 66
Infectious Disease	1	100	2 - 97	2	0	1 - 90
Metabolic/Electrolyte Disorders	10	30	5 - 63	16	19	7 - 50
Pulmonary Disease	65	14	16 - 36	63	13	13 - 33
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	40	27	26 - 55	44	43	26 - 56
Severe Chronic Heart Disease	43	12	12 - 33	50	20	13 - 37
Severe Trauma	1	0	0 - 98	1	0	1 - 97
Gastrointestinal Disease	68	3	1 - 15	70	3	1 - 14
Gynecologic Disease	6	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	79	4	1 - 13	85	2	1 - 11
Musculoskeletal/Skin Conditions	59	5	2 - 17	66	2	1 - 11
Neuropsychiatric/Sensory Disease	20	5	1 - 39	22	0	0 - 55
Urologic Disease	46	0	0 - 15	40	0	0 - 43

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	92
Occupancy Rate (%):	55
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	47
Percent of Physicians Who Are Board Certified Specialists:	79
Interns and Residents:	0
Registered Nurses:	84
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST FRANCIS HOSP

114 WOODLAND STREET
HARTFORD, CT 06105

Medicare Hospital Provider Number: 070002

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,607	11	11 - 15	4,621	11	11 - 15
Cancer	208	30	30 - 49	208	34	30 - 49
Cerebrovascular Accidents	169	26	19 - 34	156	22	21 - 36
Gastrointestinal Catastrophes	59	41	25 - 56	45	38	20 - 53
Infectious Disease	44	45	23 - 55	53	28	25 - 54
Metabolic/Electrolyte Disorders	70	29	19 - 47	55	20	14 - 41
Pulmonary Disease	185	29	20 - 37	190	30	21 - 38
Renal Failure	16	44	16 - 73	21	24	18 - 70
Severe Acute Heart Disease	175	31	31 - 48	164	37	31 - 48
Severe Chronic Heart Disease	224	18	17 - 30	216	20	19 - 32
Severe Trauma	9	11	8 - 59	12	25	9 - 61
Gastrointestinal Disease	343	4	2 - 7	368	4	2 - 7
Gynecologic Disease	50	4	0 -100	53	0	0 - 98
Low-Risk Heart Disease	633	3	3 - 6	665	4	3 - 6
Musculoskeletal/Skin Conditions	333	3	1 - 6	327	2	1 - 6
Neuropsychiatric/Sensory Disease	162	4	1 - 10	175	2	1 - 8
Urologic Disease	127	2	0 - 9	144	1	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	514
Occupancy Rate (%):	88
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	330
Percent of Physicians Who Are Board Certified Specialists:	91
Interns and Residents:	68
Registered Nurses:	650
Licensed Practical Nurses:	88

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

SAINT
FRANCIS HOSPITAL
AND MEDICAL CENTER

114 WOODLAND STREET · HARTFORD, CONNECTICUT 06105-1299

DEPARTMENT OF QUALITY ASSURANCE
and RISK MANAGEMENT
William A. Schear, M.D., Director

Quality Assurance (203) 548-4573
Risk Management (203) 548-4808

Hospital Id: 070002

TO: Health Standards and Quality Bureau, H.C.F.A.

FROM: William A. Schear, M.D.
Director
Quality Assurance and Risk Management

DATE: October 25, 1988

We wish to submit the following comments relative to the publishing of selected mortality information by H.C.F.A. in December, 1988.

We strongly support the concept of providing meaningful information concerning the quality of patient care rendered at our Hospital and Medical Center to the consumer. Likewise, we share the concern of all the nation's hospitals that mortality statistics, even if they could be adjusted to total comparable patient mix and severity of illness, would provide to the public at best a miniscule view of the quality of patient care.

We at Saint Francis Hospital and Medical Center have been monitoring and evaluating the quality of all aspects of our care for many years, analyzing the structure, process and outcome of the major aspects of that care. Any significant problems which we have identified through our quality assurance program have been corrected to the best of our ability.

With the increasing availability and capability of a sophisticated data system, we are working toward a meaningful report of our quality to the public. The rate at which this process can progress is dependent on what portion of our patients' charges we are allowed to utilize for the generation and reporting of this data, which is determined by our state hospital regulatory cost commission.

In reviewing the Saint Francis Hospital and Medical Center characteristics as determined by our 1986 annual survey reported to the A.H.A., we identify some discrepancies in the H.C.F.A. report relative to number of beds and variety of specialty services. We submit the following statistics for Saint Francis Hospital and Medical Center which we feel more accurately depict our characteristics based on the 1986 and 1987 A.H.A. Annual Survey of Hospitals (related pages herein enclosed).

SAINT
FRANCIS HOSPITAL
AND MEDICAL CENTER

114 WOODLAND STREET · HARTFORD, CONNECTICUT 06105-1299

DEPARTMENT OF QUALITY ASSURANCE
and RISK MANAGEMENT
William A. Schear, M.D., Director

Quality Assurance (203) 548-4573
Risk Management (203) 548-4808

Survey and year: A.H.A. 1986

Beds: 569
Occupancy Rate (%): 79
Ownership/Control: Church

Specialty Services:
Shock/Trauma or Burn Unit - yes
Coronary Care Unit - yes
Organ Transplant Service - no
Hospice Care - no

Staffing:
Total number of physicians: 331
Percent of physicians who are Board Certified Specialists: 86
Interns and Residents per bed: 0.12
Registered nurses per bed: 0.98
Licensed practical nurses per bed: 0.16

Similarly utilizing our 1987 A.H.A. annual survey statistics, we submit the following statistical characteristics for the year 1987:

Survey and year: A.H.A. 1987

Beds: 514
Occupancy rate (%): 89.7

Specialty Services:
Shock/Trauma or Burn Unit - yes
Coronary Care Unit - yes
Organ Transplant Service - no
Hospice Care - no

Staffing:
Total number of physicians: 330
Percentage of physicians who are Board Certified specialists: 88
Interns and Residents per bed: 0.14
Registered nurses per bed: 1.23
Licensed practical nurses per bed: 0.17

William Schear M.D.
William A. Schear, M.D.
Director, Quality Assurance and
Risk Management

Enclosures

ST JOSEPHS HOSP

128 STRAWBERRY HILL AVE
STAMFORD, CT 06904

Medicare Hospital Provider Number: 070030

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,206	11	9 - 14	1,312	9	9 - 14
Cancer	45	58	29 - 60	53	34	24 - 53
Cerebrovascular Accidents	45	20	14 - 39	44	27	18 - 45
Gastrointestinal Catastrophes	13	23	9 - 57	10	30	11 - 67
Infectious Disease	6	50	11 - 78	14	14	10 - 53
Metabolic/Electrolyte Disorders	21	33	10 - 53	19	32	11 - 55
Pulmonary Disease	52	19	13 - 37	62	18	15 - 37
Renal Failure	3	67	3 - 87	2	0	2 - 90
Severe Acute Heart Disease	50	40	24 - 52	50	34	27 - 54
Severe Chronic Heart Disease	74	19	14 - 34	69	13	14 - 32
Severe Trauma	0	-	-	3	100	3 - 79
Gastrointestinal Disease	77	6	1 - 17	107	1	1 - 7
Gynecologic Disease	7	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	178	1	2 - 6	170	2	2 - 7
Musculoskeletal/Skin Conditions	125	2	1 - 8	120	2	1 - 8
Neuropsychiatric/Sensory Disease	39	0	0 - 17	56	4	0 - 37
Urologic Disease	59	2	0 - 47	57	2	0 - 22

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 200
Occupancy Rate (%): 59
Ownership/Control: Church

STAFFING

Total Number of Physicians: 225
Percent of Physicians Who Are Board Certified Specialists: 73
Interns and Residents: 13
Registered Nurses: 152
Licensed Practical Nurses: 21

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

ST MARYS HOSP

56 FRANKLIN ST
WATERBURY, CT 06702

Medicare Hospital Provider Number: 070016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,016	13	10 - 14	3,184	15	11 - 16
Cancer	140	31	27 - 47	172	36	28 - 48
Cerebrovascular Accidents	105	30	18 - 37	134	23	19 - 36
Gastrointestinal Catastrophes	45	29	16 - 48	62	29	21 - 50
Infectious Disease	38	26	24 - 55	30	37	22 - 59
Metabolic/Electrolyte Disorders	48	44	14 - 46	47	47	13 - 46
Pulmonary Disease	164	34	16 - 34	167	35	18 - 36
Renal Failure	12	42	16 - 76	15	20	17 - 72
Severe Acute Heart Disease	123	36	29 - 49	147	39	31 - 50
Severe Chronic Heart Disease	158	26	16 - 31	154	25	15 - 30
Severe Trauma	4	25	6 - 81	14	43	10 - 62
Gastrointestinal Disease	220	4	1 - 8	270	3	1 - 7
Gynecologic Disease	27	0	0 -100	26	0	0 -100
Low-Risk Heart Disease	372	4	1 - 6	340	3	2 - 6
Musculoskeletal/Skin Conditions	302	2	1 - 5	273	3	1 - 6
Neuropsychiatric/Sensory Disease	83	2	0 - 13	87	6	1 - 15
Urologic Disease	120	2	0 - 9	124	2	1 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	301
Occupancy Rate (%):	87
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	260
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	48
Registered Nurses:	356
Licensed Practical Nurses:	46

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

St. Mary's
A HEALTH CARING CENTER
56 Franklin Street
Waterbury, Connecticut 06706

Office of the President
(203) 574-6300

October 20, 1988

William Roper, M.D.
Administrator
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Blvd.
Baltimore, Maryland 21207

Dear Dr. Roper:

Thank you for the opportunity to comment on the 1987 H.C.F.A. Medicare mortality data which was forwarded to St. Mary's Hospital in advance of its publication.

When presented with the mortality data of 1986, an intensive review of many of the diagnostic categories was conducted by the Hospital's Department and Section Chiefs. In all cases, the quality of care rendered to the patients was deemed appropriate by the physicians.

The mortality data for 1987 indicate a total of 391 Medicare patients died within 30 days of admission. Of these, 318 died while still a patient in the hospital, while 73 died after discharge.

The Hospital's mortality rate for Medicare patients who died within 30 days of admission during 1987 does not fall outside of the range for predicted mortality rate in any of the sixteen diagnostic categories.

It should be noted that there are errors contained in the data reported in the Hospital Characteristics category of the H.C.F.A. report. Please refer to Table 1 for the correct figures.

Clearly, there are MAJOR limitations to the methodology utilized by H.C.F.A. in the study. The limitations include the fact that the methodology does not account for variations in the patients' severity of illness and socioeconomic factors; the statistical model presumes that each hospital's patients are "average" except with relation to the few characteristics included in the model; and the cause of death is based on the principle diagnosis of the patients which are frequently not the specific cause of death.

We do not believe that death is a measure of quality of patient care. Deaths most frequently occur in the total absence of any deviation from accepted standards of care. Quality of care can only be evaluated through the process of peer review and quality assessment activities.

In summary, the Hospital Characteristic figures you have presented to us are significantly in error; St. Mary's remains within the range of the H.C.F.A. predicted mortality rate; and we have confidence in our ongoing peer review and quality assessment activities which include the review of deaths and complications in our institution.

Although we reject much of the methodology utilized in your study, we thank you for the opportunity to respond before the data is published.

Sincerely,

Sister Marguerite Waite

Sister Marguerite Waite
President/C.E.O.

ST VINCENTS MED CTR

2800 MAIN ST
BRIDGEPORT, CT 06606

Medicare Hospital Provider Number: 070028

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,170	13	12 - 16	3,451	13	12 - 16
Cancer	151	44	29 - 50	137	43	31 - 53
Cerebrovascular Accidents	132	24	19 - 36	158	27	19 - 35
Gastrointestinal Catastrophes	27	30	22 - 59	44	27	23 - 54
Infectious Disease	60	33	22 - 50	59	31	22 - 51
Metabolic/Electrolyte Disorders	51	33	15 - 46	50	28	10 - 41
Pulmonary Disease	138	21	19 - 36	171	32	19 - 37
Renal Failure	10	30	18 - 80	8	50	13 - 80
Severe Acute Heart Disease	191	34	30 - 47	209	41	31 - 48
Severe Chronic Heart Disease	160	20	15 - 29	172	23	16 - 31
Severe Trauma	9	44	8 - 69	4	25	3 - 80
Gastrointestinal Disease	218	4	1 - 8	242	2	2 - 6
Gynecologic Disease	19	5	0 -100	31	0	0 -100
Low-Risk Heart Disease	403	4	2 - 7	446	5	2 - 7
Musculoskeletal/Skin Conditions	193	2	1 - 7	228	3	1 - 7
Neuropsychiatric/Sensory Disease	97	3	1 - 12	74	0	1 - 8
Urologic Disease	103	2	0 - 12	109	1	1 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	362
Occupancy Rate (%):	84
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	229
Percent of Physicians Who Are Board Certified Specialists:	66
Interns and Residents:	45
Registered Nurses:	346
Licensed Practical Nurses:	71

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

STAMFORD HOSPITAL

SHLBURNE RD WEST BROAD ST
STAMFORD, CT 06902

Medicare Hospital Provider Number: 070006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,545	10	11 - 15	1,639	11	11 - 15
Cancer	83	37	31 - 56	89	45	30 - 55
Cerebrovascular Accidents	46	22	16 - 41	59	31	17 - 42
Gastrointestinal Catastrophes	19	42	21 - 65	13	15	18 - 62
Infectious Disease	16	38	22 - 69	19	32	22 - 65
Metabolic/Electrolyte Disorders	21	10	13 - 46	37	14	14 - 43
Pulmonary Disease	66	14	14 - 34	68	28	17 - 41
Renal Failure	9	33	13 - 77	7	0	21 - 76
Severe Acute Heart Disease	77	39	28 - 51	69	35	30 - 54
Severe Chronic Heart Disease	75	16	15 - 33	72	21	14 - 34
Severe Trauma	4	25	3 - 80	2	50	0 - 95
Gastrointestinal Disease	101	0	1 - 6	121	2	1 - 8
Gynecologic Disease	17	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	159	3	2 - 8	173	5	1 - 9
Musculoskeletal/Skin Conditions	128	1	1 - 7	143	1	1 - 7
Neuropsychiatric/Sensory Disease	75	0	1 - 8	74	3	0 - 19
Urologic Disease	76	1	0 - 15	74	1	0 - 13

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	289
Occupancy Rate (%):	69
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	265
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	40
Registered Nurses:	237
Licensed Practical Nurses:	35

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

THE CT HOSPICE INC

61 BURBAN DR
BRANFORD, CT 06405

Medicare Hospital Provider Number: 070038

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1	100	3 - 99	2	100	7 - 91
Cancer	1	100	3 - 99	2	100	7 - 91
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	0	-	-	0	-	-
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	0	-	-
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	0	-	-	0	-	-
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	44
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	46
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	Yes

THE HOSPITAL OF ST RAPHAEL

1450 CHAPEL ST
NEW HAVEN, CT 06511

Medicare Hospital Provider Number: 070001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,071	12	12 - 16	4,769	12	12 - 16
Cancer	189	30	28 - 47	266	30	30 - 48
Cerebrovascular Accidents	155	28	20 - 36	181	29	20 - 36
Gastrointestinal Catastrophes	54	15	21 - 47	56	21	24 - 52
Infectious Disease	68	26	24 - 50	54	20	28 - 55
Metabolic/Electrolyte Disorders	42	17	11 - 40	36	28	13 - 46
Pulmonary Disease	223	29	20 - 36	271	31	22 - 37
Renal Failure	39	15	14 - 59	36	28	19 - 69
Severe Acute Heart Disease	189	34	32 - 48	228	36	32 - 48
Severe Chronic Heart Disease	233	23	18 - 31	267	24	19 - 31
Severe Trauma	6	33	5 - 74	5	40	11 - 82
Gastrointestinal Disease	226	2	1 - 7	319	4	1 - 7
Gynecologic Disease	24	4	0 -100	24	0	0 -100
Low-Risk Heart Disease	741	5	3 - 6	798	4	3 - 6
Musculoskeletal/Skin Conditions	238	3	1 - 7	315	1	1 - 5
Neuropsychiatric/Sensory Disease	69	4	0 - 19	85	1	0 - 10
Urologic Disease	116	1	0 - 8	129	2	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	390
Occupancy Rate (%):	96
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	433
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	97
Registered Nurses:	408
Licensed Practical Nurses:	85

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Hospital of
Saint Raphael

1450 Chapel Street
New Haven, Connecticut 06511

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

We appreciate the opportunity to review the Medicare Hospital Mortality Information pertaining to our hospital. We are especially pleased to note that our *actual mortality rates* in each category were either below, or in the lower portion of, the *range of predicted mortality* for both 1986 and 1987.

We have ascertained that the cases listed were patients at this hospital and that all the hospital inpatient deaths listed did die within thirty days of admission. We are attempting to verify those deaths occurring outside the hospital.

Under "Hospital Characteristics" (AHA Survey, 1986) there are several corrections:
  Beds (#): 441
Staffing:
  Percent Board Certified Specialists: 79%
Specialty Services:
  Organ Transplant Service: NO

It is gratifying to see that you have refined the case groups and have introduced methodology to distinguish a measure of severity. We plan to utilize your methodology and the mortality data supplied in our ongoing Quality Assurance program.

If we can be of any help in the future to HCFA in this or any other matter we would be most happy to oblige.

Sincerely,

Robert L. Mullin, M.D.

Robert L. Mullin, M.D.
Director of Continuing Care

VA HOSP

WEST SPRING ST
WEST HAVEN, CT 06516

Medicare Hospital Provider Number: 07003F

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	9	0	0 - 88	10	0	0 - 98
Cancer	0	-	-	0	-	-
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	0	-	-	0	-	-
Renal Failure	9	0	0 - 88	10	0	0 - 98
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	0	-	-
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	0	-	-	0	-	-
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA (not available)

Total Beds (#):	813
Ownership/Control:	Federal Government

STAFFING

Interns and Residents:	0
Registered Nurses:	0
Licensed Practical Nurses:	0

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WATERBURY HOSP

64 ROBBINS ST
WATERBURY, CT 06720

Medicare Hospital Provider Number: 070005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,888	11	10 - 14	2,256	11	10 - 14
Cancer	130	32	28 - 49	105	31	28 - 50
Cerebrovascular Accidents	107	26	17 - 35	81	25	18 - 39
Gastrointestinal Catastrophes	40	22	22 - 53	35	29	17 - 51
Infectious Disease	34	35	20 - 55	20	25	16 - 56
Metabolic/Electrolyte Disorders	27	19	11 - 45	26	19	10 - 45
Pulmonary Disease	167	22	18 - 34	106	23	15 - 34
Renal Failure	21	43	14 - 68	11	55	17 - 79
Severe Acute Heart Disease	156	36	30 - 48	104	46	27 - 48
Severe Chronic Heart Disease	120	23	13 - 30	89	20	13 - 32
Severe Trauma	7	29	7 - 70	7	29	8 - 72
Gastrointestinal Disease	221	4	1 - 8	190	3	1 - 7
Gynecologic Disease	16	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	263	2	2 - 6	216	1	2 - 6
Musculoskeletal/Skin Conditions	355	2	1 - 5	267	1	1 - 5
Neuropsychiatric/Sensory Disease	93	2	1 - 11	72	4	0 - 36
Urologic Disease	111	1	0 - 8	74	1	0 - 22

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 317
Occupancy Rate (%): 83
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 359
Percent of Physicians Who Are Board Certified Specialists: 59
Interns and Residents: 58
Registered Nurses: 252
Licensed Practical Nurses: 90

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

WILLIAM W BACKUS HOSP

326 WASHINGTON ST
NORWICH, CT 06360

Medicare Hospital Provider Number: 070024

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,822	13	11 - 16	1,989	14	10 - 15
Cancer	74	45	29 - 55	70	44	27 - 54
Cerebrovascular Accidents	81	26	16 - 37	87	36	18 - 40
Gastrointestinal Catastrophes	30	40	21 - 59	21	19	15 - 54
Infectious Disease	19	26	17 - 58	11	55	10 - 66
Metabolic/Electrolyte Disorders	17	29	11 - 56	20	40	7 - 52
Pulmonary Disease	140	23	16 - 34	152	26	17 - 34
Renal Failure	15	40	11 - 69	15	33	12 - 70
Severe Acute Heart Disease	86	42	27 - 50	73	34	27 - 50
Severe Chronic Heart Disease	102	25	15 - 34	108	29	16 - 34
Severe Trauma	5	0	8 - 66	6	0	5 - 60
Gastrointestinal Disease	126	2	1 - 8	177	5	1 - 10
Gynecologic Disease	17	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	178	3	2 - 8	239	4	2 - 8
Musculoskeletal/Skin Conditions	141	2	0 - 10	161	2	1 - 7
Neuropsychiatric/Sensory Disease	37	5	0 - 72	59	0	1 - 10
Urologic Disease	95	0	0 - 7	87	3	0 - 35

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	203
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	88
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	165
Licensed Practical Nurses:	48

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WINDHAM COMM MEM HOSP

112 MANSFIELD AVE
WILLIMANTIC, CT 06226

Medicare Hospital Provider Number: 070021

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,023	14	11 - 16	1,058	12	10 - 15
Cancer	26	38	18 - 56	27	44	23 - 61
Cerebrovascular Accidents	33	24	15 - 45	43	33	14 - 43
Gastrointestinal Catastrophes	9	22	9 - 65	11	45	10 - 66
Infectious Disease	13	38	20 - 70	14	21	18 - 64
Metabolic/Electrolyte Disorders	21	24	17 - 56	14	29	10 - 59
Pulmonary Disease	80	40	17 - 41	71	30	15 - 38
Renal Failure	4	25	9 - 85	7	14	16 - 79
Severe Acute Heart Disease	59	29	28 - 53	45	38	27 - 56
Severe Chronic Heart Disease	57	23	14 - 37	59	19	16 - 37
Severe Trauma	2	0	1 - 89	0	-	-
Gastrointestinal Disease	81	9	0 - 23	83	4	1 - 14
Gynecologic Disease	7	0	0 -100	9	0	0 -100
Low-Risk Heart Disease	93	6	1 - 15	106	5	1 - 12
Musculoskeletal/Skin Conditions	116	3	1 - 10	125	1	0 - 7
Neuropsychiatric/Sensory Disease	27	0	0 - 28	26	4	0 - 56
Urologic Disease	38	3	0 - 81	45	0	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	145
Occupancy Rate (%):	47
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	83
Percent of Physicians Who Are Board Certified Specialists:	90
Interns and Residents:	0
Registered Nurses:	110
Licensed Practical Nurses:	49

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WINDHAM
HOSPITAL

RE: HCFA MORTALITY DATA
Medicare Provider #070021

October 19, 1988

William R. Roper, M.D.
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-B-2
6025 Security Blvd.
Baltimore, MD 21207

Dear Dr. Roper:

Attached are corrections to HCFA Mortality Data for calendar year 1987, together with comments on the appropriateness of this project.

Errors involving "hospital characteristics" are found in the first attachment. Errors involved with specific patients are listed in the second attachment. Comments on the appropriateness of this effort are found in the third attachment.

Thank you for the opportunity to comment on this "data."

Very truly yours,

Fred Hyde, M.D.
President

Attachment #3, Appropriateness of HCFA Mortality Data Study Methodology

In representing mortality data as an indicator, albeit incomplete, of the quality of care at an individual hospital, major limitations to the interpretation of data include the following:

1. failure to consider patient prognosis at time of admission.
2. a lack of measurement of stage, complexity, and severity of illness.
3. lack of consideration of patient/family socio-economic status.
4. lack of correlation of principal diagnosis (assumed cause of death) to actual cause of death as determined by key clinical findings or by autopsy findings.
5. unsubstantiated correlation of cause of death after discharge to the inpatient principle diagnosis.

Without this additional information, the data presented may lead to incorrect assumptions regarding mortality incidence and diagnostic category to which the death may be ascribed.

WINSTED MEM HOSP

115 SPENCER ST
WINSTED, CT 06098

Medicare Hospital Provider Number: 070026

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	461	13	11 - 18	494	13	10 - 17
Cancer	14	71	26 - 73	10	60	18 - 73
Cerebrovascular Accidents	24	8	16 - 42	17	18	11 - 50
Gastrointestinal Catastrophes	8	50	14 - 76	10	40	9 - 66
Infectious Disease	10	10	19 - 64	9	22	12 - 66
Metabolic/Electrolyte Disorders	9	0	15 - 54	4	0	12 - 75
Pulmonary Disease	33	27	8 - 40	36	19	17 - 45
Renal Failure	5	40	12 - 86	2	50	7 - 97
Severe Acute Heart Disease	16	50	18 - 64	25	36	22 - 59
Severe Chronic Heart Disease	29	17	12 - 41	34	12	11 - 35
Severe Trauma	1	100	1 - 97	0	-	-
Gastrointestinal Disease	31	3	0 - 29	44	0	1 - 13
Gynecologic Disease	5	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	39	5	1 - 23	43	2	1 - 17
Musculoskeletal/Skin Conditions	43	0	0 - 14	37	0	1 - 14
Neuropsychiatric/Sensory Disease	13	0	0 - 81	21	5	0 - 92
Urologic Disease	30	0	0 - 50	22	5	0 - 91

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	50
Occupancy Rate (%):	58
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	32
Percent of Physicians Who Are Board Certified Specialists:	91
Interns and Residents:	0
Registered Nurses:	46
Licensed Practical Nurses:	13

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WINSTED
MEMORIAL
HOSPITAL

115 SPENCER STREET • WINSTED, CT 06098 • 203/379-3351

October 19, 1988

Medicare Provider #07-0026

Director
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Sir/Madam:

The following corrections and comments are submitted with reference to the Medicare Hospital Mortality Information (1987) publication which was circulated to hospitals for comment on September 15, 1988.

Corrections: Hospital Characteristics
Beds - 59
Staffing - Total number of physicians 32
Percent of physicians who are Board Certified Specialists. 91%
(See attached corrected report)

Comments: Diagnostic Categories

Cancer - While within the predicted mortality range our mortality rate is affected by our practice of providing hospice type services to terminal cancer patients. With three full-time medical oncologists serving our area we have more involvement with complex cancer treatment than would normally be the case for a small hospital.

Severe Trauma - Our report shows a 100% mortality rate although the rate is based on only one case in this diagnostic category.

We continue to be very concerned about the validity of statistical data such as ours which is based on such small numbers of cases. A small change in the number of deaths in any diagnostic category can cause a significant shift in the mortality rate for that category.

I would caution reviewers of the data that mortality rates are not in and of themselves valid indicators of the quality of care provided by a hospital.

Thank you for allowing us the opportunity to comment on this mortality data prior to public release.

Sincerely,

Paul E. Graff

Paul E. Graff
President

PEG:eac

WW2 VETERANS MEM HOSP

883 PADDOCK AVE
MERIDEN, CT 06450

Medicare Hospital Provider Number: 070014

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	664	10	9 - 14	692	11	10 - 16
Cancer	18	39	16 - 61	16	31	16 - 61
Cerebrovascular Accidents	28	29	11 - 45	33	24	13 - 44
Gastrointestinal Catastrophes	8	38	10 - 71	7	14	8 - 66
Infectious Disease	5	20	5 - 74	6	50	8 - 77
Metabolic/Electrolyte Disorders	15	40	8 - 58	16	19	7 - 51
Pulmonary Disease	55	18	12 - 36	43	23	20 - 48
Renal Failure	3	0	5 - 82	6	83	16 - 83
Severe Acute Heart Disease	24	25	22 - 57	27	41	21 - 58
Severe Chronic Heart Disease	30	10	12 - 37	47	19	12 - 36
Severe Trauma	0	-	-	1	0	2 - 97
Gastrointestinal Disease	60	0	1 - 9	64	2	0 - 13
Gynecologic Disease	2	0	0 -100	0	-	-
Low-Risk Heart Disease	72	1	1 - 11	73	4	1 - 15
Musculoskeletal/Skin Conditions	72	1	0 - 13	65	2	1 - 13
Neuropsychiatric/Sensory Disease	13	0	0 - 89	13	0	0 -100
Urologic Disease	33	0	0 - 51	31	0	0 - 71

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	92
Occupancy Rate (%):	75
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	94
Percent of Physicians Who Are Board Certified Specialists:	76
Interns and Residents:	0
Registered Nurses:	98
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

YALE NEW HAVEN HOSP

20 YORK ST
NEW HAVEN, CT 06504

Medicare Hospital Provider Number: 070022

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,754	11	11 - 15	4,417	11	11 - 15
Cancer	196	21	32 - 50	253	25	31 - 49
Cerebrovascular Accidents	156	24	19 - 35	180	22	19 - 34
Gastrointestinal Catastrophes	41	32	18 - 51	43	33	18 - 50
Infectious Disease	27	44	16 - 55	35	43	22 - 57
Metabolic/Electrolyte Disorders	31	48	16 - 54	31	29	11 - 47
Pulmonary Disease	141	32	17 - 35	180	24	15 - 32
Renal Failure	24	29	10 - 62	30	23	5 - 58
Severe Acute Heart Disease	238	29	31 - 46	275	28	31 - 46
Severe Chronic Heart Disease	162	23	15 - 29	162	23	16 - 31
Severe Trauma	12	17	7 - 56	16	25	13 - 59
Gastrointestinal Disease	216	3	1 - 7	262	1	1 - 5
Gynecologic Disease	49	0	0 - 94	48	0	0 -100
Low-Risk Heart Disease	497	5	2 - 7	580	4	2 - 6
Musculoskeletal/Skin Conditions	242	2	1 - 6	298	3	1 - 7
Neuropsychiatric/Sensory Disease	133	1	1 - 7	216	3	0 - 8
Urologic Disease	143	2	0 - 9	164	0	0 - 5

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	694
Occupancy Rate (%):	87
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	1,019
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	404
Registered Nurses:	802
Licensed Practical Nurses:	101

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

BATH MEM HOSP

23 WINSHIP ST
BATH, ME 04530

Medicare Hospital Provider Number: 200021

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	392	14	8 - 16	384	12	8 - 16
Cancer	9	33	12 - 69	4	50	8 - 84
Cerebrovascular Accidents	18	33	12 - 55	18	33	12 - 54
Gastrointestinal Catastrophes	2	50	6 - 94	2	50	3 - 92
Infectious Disease	0	-	-	3	33	3 - 86
Metabolic/Electrolyte Disorders	8	38	9 - 71	12	17	8 - 55
Pulmonary Disease	20	25	11 - 50	27	30	9 - 45
Renal Failure	1	0	1 - 97	1	100	3 - 98
Severe Acute Heart Disease	24	42	19 - 58	26	31	17 - 52
Severe Chronic Heart Disease	19	47	7 - 52	22	5	12 - 36
Severe Trauma	1	0	0 - 97	0	-	-
Gastrointestinal Disease	27	0	0 - 49	28	4	0 - 53
Gynecologic Disease	3	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	48	10	0 - 39	40	7	0 - 36
Musculoskeletal/Skin Conditions	36	0	0 - 25	39	10	0 - 72
Neuropsychiatric/Sensory Disease	23	0	0 - 56	20	0	0 - 56
Urologic Disease	14	14	0 - 72	13	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	59
Occupancy Rate (%):	42
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	31
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	44
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

BLUE HILL MEM HOSP

WATER ST
BLUE HILL, ME 04614

Medicare Hospital Provider Number: 200051

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	306	12	10 - 18	326	11	10 - 17
Cancer	5	80	19 - 86	10	50	17 - 73
Cerebrovascular Accidents	13	23	11 - 57	7	14	11 - 67
Gastrointestinal Catastrophes	3	67	6 - 88	2	100	11 - 95
Infectious Disease	2	50	1 - 92	3	0	4 - 79
Metabolic/Electrolyte Disorders	8	13	9 - 62	3	33	3 - 86
Pulmonary Disease	22	18	11 - 46	25	24	13 - 48
Renal Failure	2	50	7 - 97	0	-	-
Severe Acute Heart Disease	16	31	21 - 65	11	9	20 - 61
Severe Chronic Heart Disease	17	18	10 - 48	28	29	11 - 45
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	23	0	0 - 38	34	0	0 - 18
Gynecologic Disease	5	0	0 - 97	7	0	0 -100
Low-Risk Heart Disease	34	3	0 - 28	34	6	0 - 45
Musculoskeletal/Skin Conditions	22	5	0 - 59	15	0	0 - 93
Neuropsychiatric/Sensory Disease	16	0	0 - 48	19	0	0 - 93
Urologic Disease	16	6	0 - 94	8	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 26
Occupancy Rate (%): 58
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 16
Percent of Physicians Who Are Board Certified Specialists: 81
Interns and Residents: 0
Registered Nurses: 34
Licensed Practical Nurses: 13

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

CALAIS REGIONAL HOSP

50 FRANKLIN ST
CALAIS, ME 04619

Medicare Hospital Provider Number: 200055

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	399	16	12 - 20	377	17	14 - 22
Cancer	7	43	20 - 83	9	89	21 - 69
Cerebrovascular Accidents	21	38	9 - 50	12	42	12 - 64
Gastrointestinal Catastrophes	3	67	9 - 89	2	50	2 - 92
Infectious Disease	8	63	17 - 78	11	55	16 - 71
Metabolic/Electrolyte Disorders	3	100	10 - 82	5	20	1 - 81
Pulmonary Disease	44	14	15 - 39	46	24	19 - 46
Renal Failure	6	83	16 - 82	2	50	6 - 95
Severe Acute Heart Disease	28	43	23 - 59	35	40	27 - 60
Severe Chronic Heart Disease	27	26	16 - 49	32	16	15 - 42
Severe Trauma	1	0	2 - 97	0	-	-
Gastrointestinal Disease	30	0	0 - 34	32	0	0 - 20
Gynecologic Disease	1	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	44	0	0 - 13	50	0	1 - 11
Musculoskeletal/Skin Conditions	31	6	0 - 80	22	5	0 - 49
Neuropsychiatric/Sensory Disease	21	5	0 - 53	10	10	0 -100
Urologic Disease	2	0	0 -100	2	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	77
Occupancy Rate (%):	27
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	11
Percent of Physicians Who Are Board Certified Specialists:	55
Interns and Residents:	0
Registered Nurses:	27
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CARY MEDICAL CENTER

MRA VAN BUREN RD
CARIBOU, ME 04736

Medicare Hospital Provider Number: 200031

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	641	12	8 - 14	683	10	8 - 14
Cancer	13	31	17 - 66	15	53	21 - 69
Cerebrovascular Accidents	22	14	12 - 44	24	29	13 - 50
Gastrointestinal Catastrophes	7	14	12 - 69	3	33	5 - 87
Infectious Disease	4	50	2 - 83	5	0	8 - 65
Metabolic/Electrolyte Disorders	12	33	11 - 63	15	13	11 - 52
Pulmonary Disease	24	21	14 - 48	30	23	13 - 45
Renal Failure	2	100	5 - 90	1	0	3 - 99
Severe Acute Heart Disease	31	55	20 - 55	21	48	17 - 59
Severe Chronic Heart Disease	40	30	12 - 41	29	21	12 - 43
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	33	3	0 - 38	51	6	0 - 35
Gynecologic Disease	8	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	70	1	1 - 11	87	1	2 - 9
Musculoskeletal/Skin Conditions	68	1	0 - 13	60	2	0 - 16
Neuropsychiatric/Sensory Disease	41	0	0 - 18	38	3	0 - 41
Urologic Disease	36	3	0 - 96	52	2	0 - 20

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	65
Occupancy Rate (%):	72
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	28
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	58
Licensed Practical Nurses:	34

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CASTINE COMM HOSP

COURT ST
CASTINE, ME 04421

Medicare Hospital Provider Number: 200049

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	37	16	6 - 31	56	16	10 - 30
Cancer	0	-	-	1	100	3 - 99
Cerebrovascular Accidents	2	50	2 - 92	3	33	4 - 86
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	1	0	3 - 99
Pulmonary Disease	4	25	2 - 80	7	29	7 - 69
Renal Failure	0	-	-	1	0	1 - 97
Severe Acute Heart Disease	3	33	7 - 87	3	33	7 - 88
Severe Chronic Heart Disease	5	40	3 - 77	4	50	6 - 82
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	3	0	0 -100	4	25	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	3	0	0 -100	9	0	0 - 97
Musculoskeletal/Skin Conditions	5	0	0 -100	6	0	1 - 61
Neuropsychiatric/Sensory Disease	1	0	0 -100	0	-	-
Urologic Disease	0	-	-	1	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	12
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	9
Licensed Practical Nurses:	1

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CENTRAL MAINE MED CTR

300 MAIN ST
LEWISTON, ME 04240

Medicare Hospital Provider Number: 200024

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,865	12	11 - 15	1,826	12	11 - 15
Cancer	113	44	32 - 55	88	58	35 - 60
Cerebrovascular Accidents	86	16	17 - 35	79	28	17 - 39
Gastrointestinal Catastrophes	23	43	20 - 62	18	39	17 - 63
Infectious Disease	21	33	22 - 63	20	20	19 - 57
Metabolic/Electrolyte Disorders	38	18	13 - 43	43	16	13 - 42
Pulmonary Disease	72	31	16 - 39	63	14	16 - 37
Renal Failure	6	33	6 - 78	5	60	16 - 91
Severe Acute Heart Disease	55	45	26 - 54	79	51	26 - 50
Severe Chronic Heart Disease	83	25	12 - 32	78	22	14 - 34
Severe Trauma	6	17	5 - 70	5	40	6 - 79
Gastrointestinal Disease	145	6	1 - 11	105	4	1 - 12
Gynecologic Disease	23	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	235	3	2 - 7	245	4	2 - 8
Musculoskeletal/Skin Conditions	160	2	1 - 8	185	1	1 - 5
Neuropsychiatric/Sensory Disease	56	4	1 - 16	55	4	0 - 28
Urologic Disease	65	5	0 - 62	83	1	0 - 15

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 250
Occupancy Rate (%): 69
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 126
Percent of Physicians Who Are Board Certified Specialists: 69
Interns and Residents: 12
Registered Nurses: 226
Licensed Practical Nurses: 73

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: Yes
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: Yes
Hospice Care: No

MEDICARE PROVIDER#200024

CENTRAL MAINE MEDICAL CENTER

LEWISTON, MAINE 04240 — TELEPHONE 207 795-0111

CM/MC

An Affiliate of
Voluntary Hospitals of America, Inc.

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Dr. Roper:

In HCFA correspondence of September 15, 1988, a preliminary draft preview of 1987 Medicare Hospital Mortality Information was provided (final draft publication scheduled for December 1988). As requested, representatives from Central Maine Medical Center have reviewed a subsample of the inpatient mortalities reflected in the data. Based on review of the data, we acknowledge that the data is acceptable as presented.

It is recognized that this data measures a limited set of patient variables and that HCFA is currently in the process of reassessing and refining the Mortality Data review methodology. Central Maine Medical Center is a tertiary referral center located in the Central Maine Region with services available for high risk patients, including but not limited to:

- Cancer Treatment Center
- Acute Rehabilitation Services
- Emergency Medical Services (Tri-County)
- Neurological Services
- Cardiology Services

Thank you for the opportunity to comment prior to the December release of this data.

Sincerely,

Peter E. Chalke
Executive Vice President
Central Maine Medical Center
300 Main Street
Lewiston, Maine 04240

SEK/PC/pv
cc: G.P. Roy, D.D.S.
President-Medical Staff

CHARLES A DEAN MEM HOSP

PRITHAM AVE
GREENVILLE JUNCTION, ME 04442

Medicare Hospital Provider Number: 200023

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	95	8	10 - 22	105	17	10 - 25
Cancer	1	100	0 - 97	2	100	8 - 91
Cerebrovascular Accidents	4	25	3 - 80	5	20	3 - 74
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	2	0	9 - 92	1	0	3 - 99
Metabolic/Electrolyte Disorders	0	-	-	2	50	4 - 93
Pulmonary Disease	8	13	2 - 61	15	20	7 - 50
Renal Failure	1	100	3 - 99	3	100	13 - 88
Severe Acute Heart Disease	9	22	21 - 74	8	38	13 - 73
Severe Chronic Heart Disease	6	17	7 - 69	2	0	3 - 88
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	8	0	0 - 99	4	0	0 - 86
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	6	0	0 -100	11	9	0 -100
Musculoskeletal/Skin Conditions	11	0	0 - 97	10	0	0 -100
Neuropsychiatric/Sensory Disease	5	0	0 -100	5	0	0 -100
Urologic Disease	1	0	0 -100	3	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1987

Total Beds (#):	14
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	6
Licensed Practical Nurses:	2

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

DOWN EAST COMMUNITY HOSPITAL

UPPER COURT ST
MACHIAS, ME 04654

Medicare Hospital Provider Number: 200027

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	361	14	12 - 20	378	14	12 - 20
Cancer	8	50	19 - 80	7	43	15 - 79
Cerebrovascular Accidents	19	42	14 - 57	16	38	11 - 57
Gastrointestinal Catastrophes	4	25	3 - 80	6	50	11 - 78
Infectious Disease	0	-	-	5	20	8 - 76
Metabolic/Electrolyte Disorders	18	11	14 - 50	8	38	11 - 72
Pulmonary Disease	40	20	17 - 44	52	15	16 - 39
Renal Failure	1	0	3 - 98	0	-	-
Severe Acute Heart Disease	23	48	20 - 60	23	22	24 - 58
Severe Chronic Heart Disease	22	27	9 - 47	27	30	14 - 49
Severe Trauma	1	100	1 - 97	2	50	4 - 93
Gastrointestinal Disease	18	6	0 - 47	14	0	0 - 78
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	40	2	1 - 19	40	7	1 - 29
Musculoskeletal/Skin Conditions	32	3	0 - 61	31	0	0 - 26
Neuropsychiatric/Sensory Disease	5	20	0 -100	14	0	0 -100
Urologic Disease	5	0	0 -100	3	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	38
Occupancy Rate (%):	74
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	13
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	0
Registered Nurses:	27
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

EASTERN MAINE MED CTR

489 STATE ST
BANGOR, ME 04401

Medicare Hospital Provider Number: 200033

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,550	11	11 - 15	2,503	12	12 - 16
Cancer	152	38	32 - 53	155	32	32 - 53
Cerebrovascular Accidents	107	24	17 - 35	121	24	20 - 37
Gastrointestinal Catastrophes	28	54	18 - 58	27	37	18 - 57
Infectious Disease	25	36	23 - 62	15	60	19 - 67
Metabolic/Electrolyte Disorders	40	32	18 - 52	24	29	12 - 51
Pulmonary Disease	85	29	18 - 39	93	23	17 - 38
Renal Failure	10	20	8 - 68	15	33	8 - 67
Severe Acute Heart Disease	128	31	26 - 45	135	39	29 - 48
Severe Chronic Heart Disease	93	20	16 - 34	100	29	16 - 35
Severe Trauma	9	0	7 - 49	9	11	12 - 63
Gastrointestinal Disease	137	4	1 - 10	151	2	2 - 8
Gynecologic Disease	21	0	0 -100	25	0	0 -100
Low-Risk Heart Disease	350	4	2 - 7	267	4	2 - 8
Musculoskeletal/Skin Conditions	287	1	1 - 5	253	2	1 - 6
Neuropsychiatric/Sensory Disease	82	2	1 - 12	88	0	0 - 7
Urologic Disease	75	1	0 - 12	96	2	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	400
Occupancy Rate (%):	81
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	197
Percent of Physicians Who Are Board Certified Specialists:	76
Interns and Residents:	25
Registered Nurses:	484
Licensed Practical Nurses:	78

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

FRANKLIN CO MEM HOSP

WILTON RD RFD 2
FARMINGTON, ME 04938

Medicare Hospital Provider Number: 200037

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	754	12	10 - 15	804	11	11 - 16
Cancer	23	65	29 - 68	17	76	31 - 73
Cerebrovascular Accidents	31	29	11 - 44	24	46	13 - 52
Gastrointestinal Catastrophes	8	25	8 - 67	5	0	4 - 64
Infectious Disease	10	10	8 - 54	9	11	12 - 61
Metabolic/Electrolyte Disorders	10	0	4 - 44	31	6	8 - 35
Pulmonary Disease	34	32	13 - 46	47	19	14 - 40
Renal Failure	5	60	12 - 86	6	17	13 - 80
Severe Acute Heart Disease	32	44	23 - 57	48	35	29 - 57
Severe Chronic Heart Disease	39	28	12 - 41	41	15	15 - 39
Severe Trauma	0	-	-	2	50	4 - 93
Gastrointestinal Disease	64	0	1 - 9	47	0	1 - 11
Gynecologic Disease	2	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	88	1	1 - 9	90	1	1 - 8
Musculoskeletal/Skin Conditions	60	2	0 - 16	97	2	0 - 10
Neuropsychiatric/Sensory Disease	19	0	1 - 28	18	11	0 - 89
Urologic Disease	33	3	0 - 55	31	0	0 - 27

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 70
Occupancy Rate (%): 67
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 35
Percent of Physicians Who Are Board Certified Specialists: 80
Interns and Residents: 0
Registered Nurses: 72
Licensed Practical Nurses: 18

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

HENRIETTA D GOODALL HOSPITAL

25 JUNE ST
SANFORD, ME 04073

Medicare Hospital Provider Number: 200040

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	748	8	9 - 14	741	11	10 - 16
Cancer	11	36	16 - 70	24	63	20 - 60
Cerebrovascular Accidents	29	17	13 - 43	27	11	14 - 41
Gastrointestinal Catastrophes	6	67	9 - 75	4	50	8 - 84
Infectious Disease	12	0	16 - 48	18	11	16 - 52
Metabolic/Electrolyte Disorders	7	14	8 - 66	4	0	4 - 71
Pulmonary Disease	44	11	12 - 34	37	19	14 - 42
Renal Failure	6	17	9 - 76	5	80	11 - 82
Severe Acute Heart Disease	47	30	27 - 54	57	39	27 - 54
Severe Chronic Heart Disease	52	12	13 - 32	37	19	12 - 39
Severe Trauma	0	-	-	1	0	0 -100
Gastrointestinal Disease	71	4	0 - 24	55	2	0 - 15
Gynecologic Disease	9	0	0 -100	11	9	0 -100
Low-Risk Heart Disease	74	4	1 - 15	96	1	2 - 8
Musculoskeletal/Skin Conditions	60	2	0 - 21	79	3	0 - 15
Neuropsychiatric/Sensory Disease	33	0	0 - 38	23	0	0 - 61
Urologic Disease	32	0	0 - 63	19	0	0 - 84

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	175
Occupancy Rate (%):	79
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	38
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	100
Licensed Practical Nurses:	27

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HOULTON REGIONAL HOSPITAL

20 HARTFORD ST
HOULTON, ME 04730

Medicare Hospital Provider Number: 200026

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	526	9	9 - 15	509	9	9 - 16
Cancer	15	53	24 - 72	11	36	15 - 68
Cerebrovascular Accidents	18	11	12 - 46	22	27	12 - 49
Gastrointestinal Catastrophes	7	14	8 - 66	6	50	10 - 78
Infectious Disease	3	0	5 - 79	6	33	6 - 74
Metabolic/Electrolyte Disorders	16	19	8 - 51	30	17	10 - 43
Pulmonary Disease	33	12	11 - 37	42	5	12 - 31
Renal Failure	6	50	6 - 79	1	0	1 - 97
Severe Acute Heart Disease	21	38	18 - 59	26	31	21 - 56
Severe Chronic Heart Disease	29	28	9 - 43	30	17	10 - 39
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	50	0	1 - 12	37	3	0 - 35
Gynecologic Disease	3	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	58	2	0 - 14	58	3	1 - 16
Musculoskeletal/Skin Conditions	44	0	0 - 16	37	0	0 - 29
Neuropsychiatric/Sensory Disease	16	0	0 - 81	15	7	0 -100
Urologic Disease	33	0	0 - 45	24	4	0 - 84

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	89
Occupancy Rate (%):	60
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	18
Percent of Physicians Who Are Board Certified Specialists:	56
Interns and Residents:	0
Registered Nurses:	38
Licensed Practical Nurses:	26

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

KENNEBEC VALLEY MED CTR

6 E CHESTNUT ST
AUGUSTA, ME 04330

Medicare Hospital Provider Number: 200015

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,530	12	10 - 14	1,535	13	10 - 15
Cancer	71	46	29 - 55	78	46	28 - 54
Cerebrovascular Accidents	52	25	14 - 39	52	19	16 - 39
Gastrointestinal Catastrophes	9	22	9 - 64	13	15	13 - 57
Infectious Disease	5	40	5 - 78	6	50	5 - 75
Metabolic/Electrolyte Disorders	19	21	6 - 48	17	12	4 - 45
Pulmonary Disease	86	23	14 - 35	104	29	14 - 35
Renal Failure	3	33	7 - 90	3	67	11 - 94
Severe Acute Heart Disease	83	35	27 - 50	88	39	28 - 50
Severe Chronic Heart Disease	62	31	12 - 36	61	30	15 - 39
Severe Trauma	3	0	4 - 79	5	20	6 - 75
Gastrointestinal Disease	147	3	2 - 9	122	2	1 - 8
Gynecologic Disease	19	0	0 -100	23	0	0 -100
Low-Risk Heart Disease	117	3	1 - 10	133	2	1 - 7
Musculoskeletal/Skin Conditions	163	2	1 - 8	153	3	0 - 9
Neuropsychiatric/Sensory Disease	64	3	0 - 19	55	0	0 - 11
Urologic Disease	50	0	0 - 23	66	5	0 - 32

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	201
Occupancy Rate (%):	55
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	78
Percent of Physicians Who Are Board Certified Specialists:	88
Interns and Residents:	0
Registered Nurses:	150
Licensed Practical Nurses:	46

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

KENNEBEC VALLEY MEDICAL CENTER
6 East Chestnut Street, Augusta, Maine 04330 • (207) 626-1000

October 12, 1988 Medicare #20-0015

Health Standards in Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

We are in receipt of the recent HCFA Mortality data, and we are using it to help assess the quality of medical care in our hospital. We realize how difficult a task it is to develop true indicators of quality within medical institutions and appreciate HCFA's effort. We are pleased that HCFA is trying to be responsive to our needs and has developed the Medicare Mortality Predictor System. Due to the size of our hospital, this computerized system is not particularly relevant, but the spirit in which it was developed is still to be praised. Although there has been tremendous controversy surrounding the use of mortality data as a measure of quality, the information provided by HCFA provides a framework that we can use to compare the care that we give with that given nationally. More importantly, we can use this data to compare our hospital's mortality profile in 1987 to that in 1986. This trend analysis is particularly interesting, and we feel that the ability to look at trends is clearly a more important use of this data than analyzing the individual category specific mortality statistics.

We are pleased that our actual mortality rates in 1987 were slightly lower than the rates in 1986, although the number of patients treated were very similar. Our hospital is a 200 bed acute care community hospital that provides a broad range of diagnostic and therapeutic medical and surgical services. Given our size, there are very few categories within your list of 17 diagnostic groupings in which we had more than 100 cases. In point of fact, in all of the major acute and severe disease categories -severe chronic heart disease, gastrointestinal catastrophes, cerebral vascular accidents, and cancer-we had less than 100 patients. Since HCFA bases the rates on discharges, these numbers do not reflect the total case load in our hospital for these conditions. For a hospital of our size, the number of patients within any one group is small, which makes statistical comparisons to national norms less accurate and widens the confidence intervals for the statistical test. Practically speaking, this means that the ranges for the predicted mortality widens as the number of cases decrease. Even given that statistical caveat, we are pleased that our actual mortality rates for all of these conditions was well within the range for the predicted mortality of the same condition given the national norms. Of even more importance to our continued quality assurance program is the observation that our rates are very consistent between calendar years 1986 and 1987.

We are in agreement with HCFA that mortality data is not a complete measure of the quality of care in an individual hospital. We believe that information on hospital mortality rates are useful, but until HCFA has developed additional statistical measures such as an accurate index of the severity of illness, we cannot use mortality data as the major criteria in assessing the quality of care in our hospital. Our hospital serves as a primary and secondary and occasionally a tertiary care community hospital. We offer a wide variety of resources to the community and, consequently, often have patients referred to us who are acutely and chronically ill. We also serve as a referral hospital for trauma and complex medical problems from smaller hospitals in our region. This case mix is likely to skew our mortality statistics some, and we are pleased that despite this, our mortality statistics compare favorably to national norms.

In the bottom portion of the Medicare Hospital Mortality Information Data Sheet provided by HCFA, there is a group of hospital characteristics listed. We realize your survey data came from the AHA data for 1986 but for our hospital it is out of date. Presently we have 200 licensed beds, and our occupancy rate runs approximately 60-65%. We have a medical staff that consists of 79, 92% of which are board certified. We have a Family Practice Residency Program which has 6 residents each year and our registered nurses per licensed bed are .43 and LPN's per bed is .22.

We have tried to validate most of the statistical data that you have presented to us and have found that at least within the major categories of illness, both your records and ours are quite consistent. We know that HCFA realizes that the use of mortality data as an indication of medical quality would be much more meaningful if the data could incorporate the severity of illness as well as other host characteristics that affect mortality. We support HCFA's efforts in continuing to redefine this process of data analysis. Our goal is to provide the best quality service that we can to all our patients and we are very willing to look at the quality of care that we offer and utilize whatever data resources are available to better our task of serving our community.

Sincerely,

Stephen D. Sears, M.D., M.P.H.
Vice President of Medical Affairs

SS/dl

MAINE COAST MEM HOSP

50 UNION ST
ELLSWORTH, ME 04605

Medicare Hospital Provider Number: 200050

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	612	11	11 - 17	620	12	10 - 16
Cancer	18	50	16 - 62	18	56	17 - 62
Cerebrovascular Accidents	30	27	13 - 46	24	54	13 - 52
Gastrointestinal Catastrophes	4	75	10 - 84	3	33	1 - 87
Infectious Disease	10	20	15 - 66	11	55	13 - 68
Metabolic/Electrolyte Disorders	13	8	7 - 47	5	20	1 - 79
Pulmonary Disease	65	11	16 - 35	54	24	16 - 41
Renal Failure	2	100	4 - 89	3	33	13 - 97
Severe Acute Heart Disease	29	41	26 - 61	18	33	24 - 66
Severe Chronic Heart Disease	37	14	12 - 36	32	19	19 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	37	3	0 - 27	56	5	0 - 23
Gynecologic Disease	8	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	64	0	1 - 8	55	2	1 - 13
Musculoskeletal/Skin Conditions	43	5	0 - 69	53	2	0 - 20
Neuropsychiatric/Sensory Disease	17	12	0 - 85	14	0	0 - 87
Urologic Disease	29	0	0 - 92	28	0	0 - 67

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	64
Occupancy Rate (%):	45
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	24
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	48
Licensed Practical Nurses:	11

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MAINE MEDICAL CENTER

22 BRAMHALL ST
PORTLAND, ME 04102

Medicare Hospital Provider Number: 200009

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,116	11	10 - 14	4,271	11	10 - 14
Cancer	222	35	32 - 51	211	39	31 - 51
Cerebrovascular Accidents	119	27	16 - 34	106	23	19 - 36
Gastrointestinal Catastrophes	30	27	23 - 58	30	43	19 - 58
Infectious Disease	25	28	19 - 57	38	50	27 - 62
Metabolic/Electrolyte Disorders	27	22	11 - 47	35	9	14 - 41
Pulmonary Disease	112	17	15 - 32	129	21	18 - 35
Renal Failure	44	23	9 - 56	36	17	9 - 57
Severe Acute Heart Disease	206	32	27 - 44	221	33	30 - 46
Severe Chronic Heart Disease	164	23	17 - 32	171	26	18 - 33
Severe Trauma	12	8	5 - 50	21	38	8 - 54
Gastrointestinal Disease	211	3	1 - 8	222	4	1 - 8
Gynecologic Disease	50	0	0 - 19	44	0	0 -100
Low-Risk Heart Disease	702	4	3 - 7	678	4	3 - 7
Musculoskeletal/Skin Conditions	366	3	1 - 6	408	2	1 - 5
Neuropsychiatric/Sensory Disease	138	6	1 - 12	133	1	1 - 7
Urologic Disease	144	2	0 - 11	171	1	0 - 6

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	590
Occupancy Rate (%):	86
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	456
Percent of Physicians Who Are Board Certified Specialists:	68
Interns and Residents:	123
Registered Nurses:	792
Licensed Practical Nurses:	47

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	Yes
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

MAYO REG HOSP HAD 4

65 A WEST MAIN ST
DOVER-FOXCROFT, ME 04426

Medicare Hospital Provider Number: 200066

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	617	13	11 - 17	655	11	8 - 14
Cancer	14	50	22 - 71	8	50	13 - 74
Cerebrovascular Accidents	25	16	14 - 45	22	41	12 - 53
Gastrointestinal Catastrophes	5	60	13 - 84	4	25	4 - 80
Infectious Disease	3	33	5 - 87	8	25	9 - 68
Metabolic/Electrolyte Disorders	9	44	8 - 68	8	25	4 - 66
Pulmonary Disease	54	24	15 - 40	54	19	13 - 37
Renal Failure	2	0	7 - 91	4	75	13 - 90
Severe Acute Heart Disease	37	30	24 - 55	22	27	22 - 59
Severe Chronic Heart Disease	31	19	9 - 39	27	26	14 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	49	0	1 - 12	63	0	1 - 9
Gynecologic Disease	3	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	47	0	1 - 11	63	5	1 - 18
Musculoskeletal/Skin Conditions	91	2	0 - 11	113	2	0 - 11
Neuropsychiatric/Sensory Disease	18	0	0 - 68	13	0	0 -100
Urologic Disease	5	0	0 - 96	10	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	52
Occupancy Rate (%):	60
Ownership/Control:	District/Authority

STAFFING

Total Number of Physicians:	15
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	44
Licensed Practical Nurses:	22

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MERCY HOSPITAL

144 STATE ST
PORTLAND, ME 04101

Medicare Hospital Provider Number: 200008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,666	10	9 - 13	1,701	11	9 - 14
Cancer	64	38	24 - 51	65	37	27 - 53
Cerebrovascular Accidents	47	15	14 - 37	55	25	19 - 44
Gastrointestinal Catastrophes	20	35	18 - 61	12	42	15 - 68
Infectious Disease	9	33	9 - 67	14	21	13 - 59
Metabolic/Electrolyte Disorders	20	15	11 - 48	16	25	7 - 53
Pulmonary Disease	93	14	15 - 33	90	17	14 - 33
Renal Failure	1	0	0 - 98	4	50	6 - 85
Severe Acute Heart Disease	59	39	26 - 52	76	41	28 - 52
Severe Chronic Heart Disease	71	28	13 - 35	84	33	14 - 36
Severe Trauma	1	0	0 - 99	2	50	1 - 94
Gastrointestinal Disease	153	3	1 - 9	148	3	1 - 8
Gynecologic Disease	16	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	115	3	1 - 9	117	3	2 - 10
Musculoskeletal/Skin Conditions	160	1	1 - 6	194	3	0 - 8
Neuropsychiatric/Sensory Disease	60	7	0 - 24	65	5	0 - 23
Urologic Disease	88	0	0 - 8	98	1	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	200
Occupancy Rate (%):	80
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	261
Percent of Physicians Who Are Board Certified Specialists:	75
Interns and Residents:	0
Registered Nurses:	234
Licensed Practical Nurses:	37

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

MERCY HOSPITAL

October 21, 1988

Mr. Harvey Brooke
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mr. Brooke:

Mercy Hospital endorses the use of valid outcome measures to reflect the appropriateness of care as practiced within our institution and at other health care facilities. The development and use of a range of outcome measures, of which mortality is but one, provides an opportunity to improve the practice of medicine, the cost effectiveness of care, and quality of life for patients. Mercy Hospital supports this development. We are also in agreement with your assessment that, "Until we have developed additional statistical measures to deal with complex issues such as severity of illness, we cannot and do not recommend the use of the information by itself to make judgments about the quality of care in an individual hospital or to make comparisons among hospitals". Accordingly, we recognize and applaude HCFA's efforts to promote the development and use of sound severity of illness measures.

Our review of the HCFA reported mortality data has documented the findings that mortality rates at Mercy Hospital for all of the sixteen diagnostic categories fall well within the predicted ranges as calculated by the HCFA methodology. Our review of the data also supports that Mercy Hospital's actual mortality experience falls at or near the lower limit of predicted ranges for the majority of the identified diagnostic categories.

It is our intent to support the direction established by HCFA and the Joint Commission on Accreditation of Health Care Organizations by expanding our patient classification system to include measures of severity of illness which are consistent with the intent of the US Congress to develop meaningful performance information on hospitals providing care to Medicare beneficiaries.

Yours sincerely,

Sheila Hanley

Sheila Hanley
Vice President
Corporate Development

SH:gm

MID-MAINE MEDICAL CENTER

CHASE AVE
WATERVILLE, ME 04901

Medicare Hospital Provider Number: 200039

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,683	10	11 - 15	1,719	13	12 - 16
Cancer	67	39	27 - 54	79	37	31 - 56
Cerebrovascular Accidents	64	22	20 - 41	67	19	20 - 41
Gastrointestinal Catastrophes	17	12	17 - 55	15	40	16 - 65
Infectious Disease	11	36	17 - 71	40	47	19 - 53
Metabolic/Electrolyte Disorders	25	16	14 - 48	40	25	13 - 44
Pulmonary Disease	72	17	18 - 38	52	29	13 - 40
Renal Failure	12	33	12 - 72	7	43	13 - 82
Severe Acute Heart Disease	85	40	27 - 49	93	42	31 - 53
Severe Chronic Heart Disease	102	22	17 - 34	113	25	17 - 34
Severe Trauma	5	0	7 - 66	4	0	4 - 72
Gastrointestinal Disease	125	2	1 - 8	129	2	1 - 9
Gynecologic Disease	17	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	176	3	2 - 8	207	2	2 - 7
Musculoskeletal/Skin Conditions	150	3	2 - 9	117	2	0 - 9
Neuropsychiatric/Sensory Disease	99	0	1 - 7	93	4	0 - 17
Urologic Disease	77	3	0 - 16	88	0	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 316
Occupancy Rate (%): 73
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 100
Percent of Physicians Who Are Board Certified Specialists: 87
Interns and Residents: 0
Registered Nurses: 314
Licensed Practical Nurses: 78

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Mid-Maine Medical Center
Waterville, Maine

Provider Number: 20-0039

The hospital's comments consisted primarily of annotations to the patient specific information and/or the hospital characteristics generated by the Health Care Financing Administration and provided to the hospital. We did not publish this annotated information.

MILES MEMORIAL HOSP

BRISTOL RD
DAMARISCOTTA, ME 04543

Medicare Hospital Provider Number: 200002

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	426	11	10 - 16	414	12	10 - 17
Cancer	11	36	14 - 67	10	70	18 - 72
Cerebrovascular Accidents	17	35	9 - 54	16	19	13 - 53
Gastrointestinal Catastrophes	1	0	2 - 97	2	50	3 - 92
Infectious Disease	5	20	11 - 78	1	100	1 - 97
Metabolic/Electrolyte Disorders	5	0	9 - 66	8	63	13 - 73
Pulmonary Disease	23	30	15 - 53	30	37	12 - 48
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	21	33	24 - 64	20	10	28 - 58
Severe Chronic Heart Disease	22	9	13 - 41	30	13	14 - 40
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	46	2	2 - 15	32	3	0 - 27
Gynecologic Disease	11	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	48	6	1 - 21	62	8	1 - 20
Musculoskeletal/Skin Conditions	48	2	1 - 15	31	6	0 - 47
Neuropsychiatric/Sensory Disease	17	6	0 - 72	17	6	0 - 70
Urologic Disease	16	0	0 -100	19	0	0 - 74

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	68
Occupancy Rate (%):	85
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	17
Percent of Physicians Who Are Board Certified Specialists:	82
Interns and Residents:	0
Registered Nurses:	34
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MILLINOCKET REGIONAL HOSP

200 SOMERSET ST
MILLINOCKET, ME 04462

Medicare Hospital Provider Number: 200003

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	317	9	8 - 16	297	9	8 - 16
Cancer	11	55	19 - 73	6	50	17 - 84
Cerebrovascular Accidents	8	0	10 - 51	9	22	8 - 62
Gastrointestinal Catastrophes	4	75	11 - 85	4	25	4 - 80
Infectious Disease	1	0	0 - 99	1	0	0 - 99
Metabolic/Electrolyte Disorders	7	29	5 - 70	3	33	2 - 87
Pulmonary Disease	27	19	14 - 46	33	15	11 - 39
Renal Failure	0	-	-	2	100	9 - 93
Severe Acute Heart Disease	9	0	22 - 59	7	29	12 - 73
Severe Chronic Heart Disease	17	12	8 - 43	17	24	12 - 53
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	32	0	0 - 30	22	0	0 - 71
Gynecologic Disease	5	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	38	0	1 - 14	36	3	0 - 26
Musculoskeletal/Skin Conditions	23	4	0 - 53	18	0	0 - 86
Neuropsychiatric/Sensory Disease	11	0	0 - 99	13	0	0 - 74
Urologic Disease	13	8	0 -100	7	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	50
Occupancy Rate (%):	48
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	13
Percent of Physicians Who Are Board Certified Specialists:	54
Interns and Residents:	0
Registered Nurses:	19
Licensed Practical Nurses:	11

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MT DESERT ISLAND HOSP

WAYMAN LANE
BAR HARBOR, ME 04609

Medicare Hospital Provider Number: 200038

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	508	8	8 - 14	520	11	10 - 16
Cancer	16	69	26 - 71	18	67	24 - 67
Cerebrovascular Accidents	21	10	14 - 44	11	9	11 - 52
Gastrointestinal Catastrophes	1	100	0 - 99	6	33	9 - 76
Infectious Disease	4	0	8 - 72	4	75	6 - 80
Metabolic/Electrolyte Disorders	9	11	1 - 61	14	21	5 - 53
Pulmonary Disease	18	6	10 - 40	36	19	19 - 47
Renal Failure	1	100	1 - 97	3	67	6 - 89
Severe Acute Heart Disease	20	25	23 - 62	23	35	23 - 62
Severe Chronic Heart Disease	24	25	12 - 47	38	16	14 - 39
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	64	2	1 - 12	55	0	1 - 10
Gynecologic Disease	9	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	67	1	1 - 11	59	3	1 - 16
Musculoskeletal/Skin Conditions	34	3	0 - 37	40	2	0 - 24
Neuropsychiatric/Sensory Disease	25	4	0 - 49	24	0	0 - 43
Urologic Disease	17	0	0 - 78	13	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 49
Occupancy Rate (%): 51
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 16
Percent of Physicians Who Are Board Certified Specialists: 50
Interns and Residents: 0
Registered Nurses: 45
Licensed Practical Nurses: 7

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

NORTHERN CUMBERLAND MEMORIAL HOSPITA

S HIGH ST
BRIDGTON, ME 04009

Medicare Hospital Provider Number: 200007

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	371	12	10 - 18	511	11	9 - 15
Cancer	5	100	25 - 81	6	33	14 - 79
Cerebrovascular Accidents	18	17	12 - 49	16	31	11 - 56
Gastrointestinal Catastrophes	1	0	0 - 97	3	67	3 - 86
Infectious Disease	6	50	5 - 74	3	33	3 - 86
Metabolic/Electrolyte Disorders	12	33	8 - 61	17	18	15 - 56
Pulmonary Disease	26	15	15 - 46	35	11	12 - 37
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	23	39	20 - 59	21	52	22 - 63
Severe Chronic Heart Disease	42	19	12 - 37	33	18	10 - 38
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	45	2	0 - 19	51	4	0 - 31
Gynecologic Disease	0	-	-	2	0	0 -100
Low-Risk Heart Disease	39	0	0 - 16	67	6	0 - 20
Musculoskeletal/Skin Conditions	26	4	0 - 90	49	2	0 - 17
Neuropsychiatric/Sensory Disease	8	0	0 - 95	26	0	0 - 31
Urologic Disease	5	0	0 -100	9	11	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	40
Occupancy Rate (%):	60
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	17
Percent of Physicians Who Are Board Certified Specialists:	100
Interns and Residents:	0
Registered Nurses:	55
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

N.C.M.H.

NORTHERN CUMBERLAND MEMORIAL HOSPITAL
P.O. Box 230 • South High Street • Bridgton, Maine 04009-0230 • Tel. (207) 647-8841

September 28, 1988

Mrs. Sandra Kappert
Health Care Finance Administration
Health Standards & Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimmore, MD 21207

Dear Mrs. Kappert:

For the most part we have no objections to the Medicare Hospital Mortality Information for 1987 as it relates to this hospital. However we do wish to point out the following errors and comments which we feel should be taken into consideration:

- Northern Cumberland Memorial Hospital does have a Coronary Care Unit which is part of our I.C.U..
- The 1987 data on Cancer with 5 cases and a 100% mortality rate should be changed, we actually had 23 Cancer patients admitted with 5 deaths. Thus the mortality rate should be changed to 23%.
- We have 40 beds not 34.

We hope this information clarifies the issues and enables you to update your records so that accurate information is being disseminated. Thank you for your assistance in this matter.

Sincerely,

Michael T. Ballard

Michael T. Ballard
Chief Financial Officer

NORTHERN MAINE MED CTR

143 E MAIN ST
FORT KENT, ME 04743

Medicare Hospital Provider Number: 200052

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	412	19	10 - 18	428	13	10 - 17
Cancer	6	50	15 - 82	12	58	23 - 75
Cerebrovascular Accidents	12	25	9 - 58	11	9	10 - 52
Gastrointestinal Catastrophes	4	50	8 - 84	5	60	15 - 86
Infectious Disease	6	50	13 - 80	10	10	15 - 61
Metabolic/Electrolyte Disorders	5	20	3 - 74	4	25	0 - 90
Pulmonary Disease	40	27	17 - 46	43	19	15 - 41
Renal Failure	3	100	12 - 87	1	0	1 - 97
Severe Acute Heart Disease	24	67	21 - 59	22	73	27 - 64
Severe Chronic Heart Disease	19	42	7 - 51	16	31	9 - 54
Severe Trauma	1	100	0 - 97	0	-	-
Gastrointestinal Disease	35	0	0 - 20	38	0	2 - 13
Gynecologic Disease	5	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	57	5	0 - 21	57	2	1 - 14
Musculoskeletal/Skin Conditions	19	5	0 - 89	28	0	0 - 56
Neuropsychiatric/Sensory Disease	17	18	0 - 81	16	6	0 -100
Urologic Disease	7	0	0 -100	11	0	0 - 94

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 26
Occupancy Rate (%): 96
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 15
Percent of Physicians Who Are Board Certified Specialists: 67
Interns and Residents: 0
Registered Nurses: 40
Licensed Practical Nurses: 9

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

207/834-3155

northern
maine
medical
center

143 EAST MAIN STREET • FORT KENT, MAINE 04743

October 11, 1988

Mrs. Sandra Kappert
Health Standards & Quality Bureau, HCFA
2-D-2 Meadows East Building
6326 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

Northern Maine Medical Center is in receipt of HCFA's Medicare Hospital Mortality statistics as it pertains to our facility. In reviewing these statistics, it was noted that NMMC fell out of the predicted mortality range in two categories, Acute Severe Heart Disease and Renal Failure.

Although our facility has an ongoing program of medical quality assurance and all deaths are reviewed monthly by the Medical Staff, the patients who fell into the out-of-range categories were re-reviewed by our Utilization Review Committee. Primary attention was paid to the "Severe Acute Heart Disease" category as it was felt that the sample size of three in the "Renal Failure" category was too small to be statistically significant. Severe Acute Heart Disease has a predicted mortality rate of 21-59% and NMMC had an actual rate of 67% (16 out of 24 patients). Upon re-review of these records, it was noted that one patient had an incorrect principal diagnosis given and upon correction, would have been placed in another category. One other record had a principal diagnosis of septic shock. Upon review of the ICD-9-CM codes included in the Severe Acute Heart Disease category, it was noted that septic shock was included in this. We would question the appropriateness of placing this diagnosis in a heart disease category. At the completion of committee review, it was determined that all patients had received appropriate medical care.

We appreciate the opportunity to review these statistics in advance of publication but question the usefulness to the public. The public cannot assume that differences between predicted and actual performances reflect inappropriate hospital behavior. Rather, they must be aware that HCFA's model does not account for many factors beyond the hospital's control which affect patient outcomes and hospital performances.

Sincerely,

Martin B. Bernstein

Martin B. Bernstein
Executive Director

MBB:ab

cc

OSTEOPATHIC HOSP OF MAINE

335 BRIGHTON AVE
PORTLAND, ME 04101

Medicare Hospital Provider Number: 200017

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,212	10	10 - 15	1,251	13	11 - 16
Cancer	45	44	28 - 60	52	54	32 - 61
Cerebrovascular Accidents	30	13	20 - 46	46	24	15 - 41
Gastrointestinal Catastrophes	16	38	18 - 66	8	38	12 - 73
Infectious Disease	10	30	10 - 65	9	44	13 - 72
Metabolic/Electrolyte Disorders	35	14	12 - 42	36	8	10 - 37
Pulmonary Disease	53	19	15 - 38	60	23	16 - 40
Renal Failure	3	33	7 - 90	1	100	0 - 98
Severe Acute Heart Disease	43	51	24 - 55	51	49	27 - 55
Severe Chronic Heart Disease	51	20	14 - 37	67	28	14 - 37
Severe Trauma	1	100	0 - 99	1	0	0 - 97
Gastrointestinal Disease	94	1	1 - 8	95	4	1 - 12
Gynecologic Disease	18	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	162	2	2 - 8	152	3	1 - 8
Musculoskeletal/Skin Conditions	113	2	1 - 8	111	0	1 - 6
Neuropsychiatric/Sensory Disease	40	5	0 - 29	45	7	0 - 27
Urologic Disease	42	0	0 - 53	46	2	0 - 22

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	142
Occupancy Rate (%):	77
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	123
Percent of Physicians Who Are Board Certified Specialists:	37
Interns and Residents:	9
Registered Nurses:	192
Licensed Practical Nurses:	30

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

OSTEOPATHIC
HOSPITAL OF
MAINE

335 Brighton Avenue, Portland, Maine 04102 • (207) 879-6000

OFFICE OF THE EXECUTIVE VICE PRESIDENT

October 18, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Sir:

Enclosed please find our response which should be included in the mortality data release scheduled for December, 1988.

Thank you very much for this opportunity to comment.

Sincerely,

Kenneth E. Guilbault
Executive Vice President

KEG:bwn

Enclosure

OSTEOPATHIC
HOSPITAL OF
MAINE

335 Brighton Avenue, Portland, Maine 04102 • 207 57 [illegible]

October 18, 1988 Medicare Provider Number 200017

COMMENTS TO HCFA MORTALITY INFORMATION

The Osteopathic Hospital of Maine in Portland is a 160 bed acute care community teaching hospital with a range of services including oncology, obstetrics, pediatrics and critical care, with annual admissions of 5,700 patients.

The mortality case listing was validated with the Hospital data and no significant problems or concerns were identified. However, the mortality information reflected a number of general hospital characteristics which should be corrected at this time. The bed count is 160, not 103, and the total number of physicians is 170, not 117. In addition, the Osteopathic Hospital provides a coronary care service which was listed as not being offered. Also, the percent of Board Certified specialists is actually 60% instead of the 19% noted.

Osteopathic Hospital of Maine's Board of Trustees has a strong commitment to the delivery of high quality patient services as evidenced by the resources provided to support our comprehensive Quality Review Program. Our Quality Review Program, which includes utilization review/management, quality review, risk management and infection control provides a system for critical peer review of each mortality case through the Mortality/Morbidity Review Committee. One hundred percent concurrent review of patient charts is conducted daily, allowing for timely case management intervention if indicated.

/bwn

PARKVIEW MEMORIAL HOSPITAL

329 MAIN STREET
BRUNSWICK, ME 04011

Medicare Hospital Provider Number: 200025

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	342	11	10 - 17	377	7	9 - 15
Cancer	6	33	8 - 75	1	100	3 - 99
Cerebrovascular Accidents	6	17	4 - 68	9	22	7 - 62
Gastrointestinal Catastrophes	4	50	10 - 86	1	0	1 - 97
Infectious Disease	3	67	7 - 88	3	0	5 - 79
Metabolic/Electrolyte Disorders	9	33	7 - 66	17	12	7 - 46
Pulmonary Disease	32	28	15 - 47	29	21	11 - 43
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	20	25	20 - 58	15	27	24 - 68
Severe Chronic Heart Disease	16	25	9 - 52	28	18	13 - 43
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	21	0	0 - 56	29	0	0 - 21
Gynecologic Disease	15	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	36	3	1 - 20	26	4	0 - 44
Musculoskeletal/Skin Conditions	47	2	0 - 27	74	0	1 - 8
Neuropsychiatric/Sensory Disease	9	0	0 - 95	14	0	0 - 98
Urologic Disease	2	0	0 -100	4	0	0 - 93

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	55
Occupancy Rate (%):	62
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

PARKVIEW MEMORIAL HOSPITAL BRUNSWICK, MAINE 04011 AREA CODE 207-729-1641

October 22, 1988 Medicare Provider No. 200025

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

To: William L. Roper, M.D., Administrator
Health Care Financing Administration

Thank you for providing the opportunity to introduce comments addressing the mortality data release for our hospital.

Parkview Memorial Hospital is a 55-bed, general acute care community hospital serving the medical care needs of a large, mostly rural area of mid-coastal Maine. The patient mix of our facility includes a very wide spectrum of illnesses and injuries from all types of payor groups including Medicare, Medicaid, Blue Cross, commercial insurance, Champus, HMO's, self-pay, and charity. A significant proportion of our Medicare admissions are nursing home patients who usually have multiple medical conditions, indicating a higher level of severity of illness upon admission.

The Department of Medicine and Quality Assurance Coordinator at Parkview Memorial Hospital review the medical records of all patients who die in the facility, not just Medicare patients. This review for medical management and overall care is part of the on-going monitoring of the healthcare delivery system at the hospital.

The hospital's 1987 Medicare mortality data which you sent in September 1988 has been reviewed by hospital administration, the Directors of Quality Assurance, Medical Records and Utilization Review and was presented to the medical staff. Our analysis indicates our overall percentage of deaths was on the low end of the predicted range of mortality rates and that for all 16 diagnostic categories the actual mortality rates were well within the predicted ranges. In the low risk categories, our actual mortality rate was consistently at the low end of the predicted range.

Our analysis of the data indicates a couple of further observations which should be noted. First, the number of admissions and deaths in any specific group is quite low, making statistical significance

parkview
memorial
hospital

difficult to calculate. Second, several of the patients died after being discharged which makes it difficult to determine whether the cause of death was the same as the diagnosis at the last admission.

Furthermore, multiple system chronic disease processes and severity of illness were contributing factors in the majority of these mortalities. In many terminal cases the patient or family had requested a "do not resuscitate" status.

Age was also one of the variables in the formula to calculate the predicted range of mortality rates. In our case nearly half of the mortalities were eighty years or older. The average age for all mortalities in these groups was 79 with the median and mode both at 78 years of age.

The only corrections to the release information we can identify are (1) we are a 55-bed hospital, not 40 as stated, and (2) we do have a coronary care unit, but we do not have a shock/trauma or burn unit as is stated on the report. As previously stated, review of patient treatment by this hospital is an on-going occurrence in a constant endeavor to improve the quality of care to our patients. We appreciate the opportunity to analyze and respond to this report on a review of a specific segment of our patient population.

Sincerely,

Norman L. McBride

Norman L. McBride
President/CEO

NLM/cid

PENOBSCOT BAY MED CTR

GLEN COVE
ROCKLAND, ME 04841

Medicare Hospital Provider Number: 200063

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,236	13	11 - 16	1,262	12	11 - 16
Cancer	50	66	32 - 61	54	50	30 - 59
Cerebrovascular Accidents	65	17	18 - 38	47	34	19 - 47
Gastrointestinal Catastrophes	12	33	15 - 67	9	22	9 - 65
Infectious Disease	17	6	19 - 51	15	13	17 - 57
Metabolic/Electrolyte Disorders	9	33	2 - 68	15	7	6 - 43
Pulmonary Disease	55	25	11 - 36	73	18	14 - 35
Renal Failure	3	67	7 - 90	3	67	8 - 90
Severe Acute Heart Disease	77	30	29 - 51	55	31	26 - 52
Severe Chronic Heart Disease	54	28	12 - 37	60	25	14 - 37
Severe Trauma	3	67	1 - 88	2	0	3 - 88
Gastrointestinal Disease	104	2	1 - 9	105	1	2 - 8
Gynecologic Disease	18	0	0 -100	15	0	0 - 99
Low-Risk Heart Disease	94	3	1 - 11	122	2	2 - 8
Musculoskeletal/Skin Conditions	127	0	1 - 5	125	2	1 - 8
Neuropsychiatric/Sensory Disease	22	5	0 - 90	29	7	0 - 43
Urologic Disease	58	2	0 - 42	56	5	1 - 20

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	150
Occupancy Rate (%):	81
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	64
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	2
Licensed Practical Nurses:	0

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

PENOBSCOT VALLEY HOSP

TRANSALPINE RD
LINCOLN, ME 04457

Medicare Hospital Provider Number: 200062

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	289	13	9 - 18	293	16	11 - 21
Cancer	2	100	10 - 93	0	-	-
Cerebrovascular Accidents	16	44	9 - 56	12	25	12 - 60
Gastrointestinal Catastrophes	1	100	1 - 97	1	0	1 - 97
Infectious Disease	3	67	4 - 86	1	0	0 - 97
Metabolic/Electrolyte Disorders	9	22	4 - 62	7	71	10 - 72
Pulmonary Disease	34	18	13 - 41	48	23	18 - 44
Renal Failure	0	-	-	1	0	2 - 97
Severe Acute Heart Disease	10	50	16 - 72	19	47	25 - 68
Severe Chronic Heart Disease	22	9	12 - 40	23	17	9 - 43
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	27	7	0 - 88	22	0	0 - 31
Gynecologic Disease	3	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	40	0	1 - 13	48	10	0 - 32
Musculoskeletal/Skin Conditions	15	7	0 - 98	22	0	0 - 49
Neuropsychiatric/Sensory Disease	3	0	0 -100	4	0	0 -100
Urologic Disease	9	0	0 -100	6	0	1 - 68

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	35
Occupancy Rate (%):	41
Ownership/Control:	District/Authority

STAFFING

Total Number of Physicians:	8
Percent of Physicians Who Are Board Certified Specialists:	63
Interns and Residents:	0
Registered Nurses:	17
Licensed Practical Nurses:	9

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

REDINGTON FAIRVIEW GEN HOSP

FAIRVIEW AVE
SKOWHEGAN, ME 04976

Medicare Hospital Provider Number: 200012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	737	11	9 - 14	748	16	12 - 18
Cancer	30	40	21 - 57	35	60	30 - 64
Cerebrovascular Accidents	23	30	12 - 49	36	17	15 - 42
Gastrointestinal Catastrophes	4	25	5 - 80	7	29	11 - 73
Infectious Disease	2	50	0 - 97	15	27	14 - 60
Metabolic/Electrolyte Disorders	11	27	2 - 62	9	22	6 - 63
Pulmonary Disease	39	31	15 - 45	49	14	14 - 37
Renal Failure	4	75	16 - 92	9	89	20 - 78
Severe Acute Heart Disease	28	36	21 - 56	43	40	20 - 50
Severe Chronic Heart Disease	55	24	13 - 37	66	24	14 - 36
Severe Trauma	1	0	0 - 99	1	100	0 - 98
Gastrointestinal Disease	67	0	1 - 9	66	2	0 - 13
Gynecologic Disease	14	0	0 -100	9	0	0 -100
Low-Risk Heart Disease	80	4	1 - 14	63	5	1 - 17
Musculoskeletal/Skin Conditions	63	0	0 - 11	53	8	0 - 37
Neuropsychiatric/Sensory Disease	19	11	0 - 93	23	4	0 - 88
Urologic Disease	31	0	0 - 26	22	5	0 - 99

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 92
Occupancy Rate (%): 45
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 27
Percent of Physicians Who Are Board Certified Specialists: 81
Interns and Residents: 0
Registered Nurses: 71
Licensed Practical Nurses: 39

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

REGIONAL MEMORIAL HOSPITAL

58 BARIBEAU DR
BRUNSWICK, ME 04011

Medicare Hospital Provider Number: 200044

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	756	10	9 - 14	734	11	10 - 16
Cancer	19	53	24 - 68	20	65	29 - 71
Cerebrovascular Accidents	31	19	13 - 42	26	15	14 - 44
Gastrointestinal Catastrophes	8	38	16 - 76	8	25	14 - 72
Infectious Disease	8	63	13 - 74	12	50	17 - 70
Metabolic/Electrolyte Disorders	13	38	9 - 61	9	22	14 - 68
Pulmonary Disease	34	18	10 - 39	38	34	14 - 45
Renal Failure	2	100	11 - 98	1	0	3 - 98
Severe Acute Heart Disease	30	23	25 - 57	25	44	25 - 63
Severe Chronic Heart Disease	25	24	9 - 43	43	21	17 - 42
Severe Trauma	1	100	2 - 97	2	50	1 - 92
Gastrointestinal Disease	50	2	1 - 16	55	7	0 - 25
Gynecologic Disease	4	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	84	2	1 - 11	95	2	2 - 10
Musculoskeletal/Skin Conditions	72	1	0 - 13	85	2	0 - 12
Neuropsychiatric/Sensory Disease	45	2	0 - 35	50	0	0 - 20
Urologic Disease	33	0	0 - 81	20	0	0 - 79

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	98
Occupancy Rate (%):	54
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	48
Percent of Physicians Who Are Board Certified Specialists:	77
Interns and Residents:	0
Registered Nurses:	81
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

RUMFORD COMMUNITY HOSP

420 FRANKLIN ST
RUMFORD, ME 04276

Medicare Hospital Provider Number: 200016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	510	12	10 - 17	575	13	9 - 16
Cancer	16	63	24 - 70	19	53	18 - 62
Cerebrovascular Accidents	21	29	11 - 50	16	19	12 - 52
Gastrointestinal Catastrophes	1	100	2 - 97	6	67	15 - 81
Infectious Disease	1	0	0 - 98	3	33	2 - 86
Metabolic/Electrolyte Disorders	5	0	2 - 66	12	8	8 - 50
Pulmonary Disease	37	16	15 - 42	32	25	13 - 45
Renal Failure	1	0	1 - 97	1	100	2 - 97
Severe Acute Heart Disease	30	47	25 - 61	29	52	25 - 61
Severe Chronic Heart Disease	17	18	12 - 50	19	16	12 - 47
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	44	5	0 - 26	63	3	0 - 19
Gynecologic Disease	10	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	66	5	1 - 15	66	3	1 - 14
Musculoskeletal/Skin Conditions	35	0	1 - 15	51	2	1 - 16
Neuropsychiatric/Sensory Disease	23	9	1 - 42	21	5	0 - 84
Urologic Disease	19	5	0 - 99	34	0	0 - 33

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	97
Occupancy Rate (%):	33
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	24
Percent of Physicians Who Are Board Certified Specialists:	58
Interns and Residents:	0
Registered Nurses:	49
Licensed Practical Nurses:	15

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SEBASTICOOK VALLEY HOSP

GROVE HILL
PITTSFIELD, ME 04967

Medicare Hospital Provider Number: 200028

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	232	17	10 - 20	247	13	9 - 18
Cancer	8	75	16 - 74	3	67	5 - 87
Cerebrovascular Accidents	10	50	10 - 66	14	43	6 - 57
Gastrointestinal Catastrophes	2	50	1 - 93	0	-	-
Infectious Disease	1	0	1 - 97	0	-	-
Metabolic/Electrolyte Disorders	3	67	5 - 86	3	0	6 - 80
Pulmonary Disease	21	29	12 - 51	21	24	11 - 49
Renal Failure	1	100	2 - 97	2	0	5 - 90
Severe Acute Heart Disease	11	45	17 - 71	16	44	19 - 65
Severe Chronic Heart Disease	16	31	8 - 53	17	29	8 - 52
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	16	0	0 - 64	19	0	0 - 45
Gynecologic Disease	2	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	26	4	0 - 57	38	3	1 - 19
Musculoskeletal/Skin Conditions	25	0	0 - 48	19	5	0 - 90
Neuropsychiatric/Sensory Disease	5	0	0 -100	3	0	0 -100
Urologic Disease	2	50	0 -100	8	0	0 - 93

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	20
Occupancy Rate (%):	50
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	8
Percent of Physicians Who Are Board Certified Specialists:	38
Interns and Residents:	0
Registered Nurses:	0
Licensed Practical Nurses:	0

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST ANDREWS HOSPITAL

3 ST ANDREWS LANE
BOOTHBAY HARBOR, ME 04538

Medicare Hospital Provider Number: 200006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	166	16	10 - 22	180	15	8 - 20
Cancer	1	100	3 - 99	3	100	13 - 85
Cerebrovascular Accidents	4	0	5 - 70	5	60	3 - 77
Gastrointestinal Catastrophes	2	50	2 - 92	2	0	1 - 91
Infectious Disease	1	0	0 - 98	2	100	5 - 89
Metabolic/Electrolyte Disorders	13	46	19 - 71	9	33	7 - 66
Pulmonary Disease	10	30	6 - 62	13	8	7 - 45
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	16	25	18 - 61	14	29	18 - 64
Severe Chronic Heart Disease	8	25	3 - 65	8	25	3 - 65
Severe Trauma	1	0	0 - 99	2	50	1 - 93
Gastrointestinal Disease	16	6	0 - 66	10	0	0 -100
Gynecologic Disease	2	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	19	0	0 - 34	15	0	0 - 68
Musculoskeletal/Skin Conditions	9	0	0 - 94	20	0	0 - 57
Neuropsychiatric/Sensory Disease	3	33	0 -100	6	0	0 -100
Urologic Disease	2	0	0 -100	9	0	0 - 92

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	22
Occupancy Rate (%):	19
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	9
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	8
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST JOSEPH HOSPITAL

297 CENTER ST
BANGOR, ME 04401

Medicare Hospital Provider Number: 200001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	958	10	10 - 15	940	11	10 - 15
Cancer	37	43	25 - 58	24	54	22 - 62
Cerebrovascular Accidents	26	31	10 - 46	23	13	15 - 45
Gastrointestinal Catastrophes	15	27	13 - 59	8	38	8 - 70
Infectious Disease	7	29	9 - 72	8	38	9 - 70
Metabolic/Electrolyte Disorders	18	39	13 - 58	20	30	7 - 51
Pulmonary Disease	49	14	13 - 36	38	18	16 - 43
Renal Failure	2	100	11 - 98	3	0	5 - 82
Severe Acute Heart Disease	38	34	24 - 55	34	47	26 - 59
Severe Chronic Heart Disease	49	18	15 - 38	71	31	14 - 37
Severe Trauma	0	-	-	3	0	8 - 81
Gastrointestinal Disease	95	1	1 - 8	69	4	1 - 15
Gynecologic Disease	4	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	110	1	2 - 7	92	2	2 - 10
Musculoskeletal/Skin Conditions	84	2	1 - 12	86	1	1 - 9
Neuropsychiatric/Sensory Disease	34	0	0 - 40	33	0	0 - 25
Urologic Disease	40	5	0 - 73	50	0	0 - 12

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	91
Occupancy Rate (%):	66
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	179
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	0
Registered Nurses:	110
Licensed Practical Nurses:	59

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST MARYS GEN HOSP

45 GOLDER ST
LEWISTON, ME 04240

Medicare Hospital Provider Number: 200034

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,495	10	10 - 14	1,616	9	9 - 14
Cancer	45	40	28 - 59	54	39	26 - 55
Cerebrovascular Accidents	56	20	14 - 37	48	15	20 - 42
Gastrointestinal Catastrophes	18	11	17 - 53	13	8	15 - 54
Infectious Disease	30	23	18 - 52	22	14	18 - 52
Metabolic/Electrolyte Disorders	29	17	16 - 49	29	17	13 - 46
Pulmonary Disease	75	11	16 - 33	73	22	14 - 36
Renal Failure	5	20	8 - 79	1	0	1 - 97
Severe Acute Heart Disease	49	37	26 - 54	43	40	25 - 55
Severe Chronic Heart Disease	73	21	15 - 35	85	28	16 - 37
Severe Trauma	2	0	1 - 90	3	0	1 - 82
Gastrointestinal Disease	124	4	2 - 10	150	2	2 - 8
Gynecologic Disease	15	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	176	3	1 - 8	218	3	2 - 7
Musculoskeletal/Skin Conditions	130	3	1 - 9	143	1	1 - 6
Neuropsychiatric/Sensory Disease	80	2	1 - 12	105	1	1 - 8
Urologic Disease	61	0	0 - 10	48	0	0 - 15

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	233
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	152
Percent of Physicians Who Are Board Certified Specialists:	56
Interns and Residents:	0
Registered Nurses:	253
Licensed Practical Nurses:	65

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

STEPHENS MEMORIAL HOSPITAL

80 MAIN ST
NORWAY, ME 04268

Medicare Hospital Provider Number: 200032

Diagnostic Category	**Calender Year 1987**			**Calender Year 1986**		
	Cases	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**	**Cases**	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**
All Cases	804	11	10 - 15	711	8	9 - 14
Cancer	27	52	23 - 61	20	45	24 - 67
Cerebrovascular Accidents	28	18	14 - 44	25	20	14 - 47
Gastrointestinal Catastrophes	7	29	12 - 74	9	22	10 - 65
Infectious Disease	4	25	7 - 81	7	29	8 - 71
Metabolic/Electrolyte Disorders	6	33	5 - 73	3	0	2 - 80
Pulmonary Disease	62	18	13 - 35	38	18	13 - 40
Renal Failure	1	0	0 - 98	2	50	3 - 93
Severe Acute Heart Disease	35	26	26 - 56	21	38	20 - 61
Severe Chronic Heart Disease	41	7	13 - 32	33	12	13 - 38
Severe Trauma	0	-	-	2	50	1 - 93
Gastrointestinal Disease	88	3	1 - 13	65	5	1 - 16
Gynecologic Disease	14	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	72	7	1 - 18	59	3	1 - 15
Musculoskeletal/Skin Conditions	89	2	0 - 12	97	0	1 - 6
Neuropsychiatric/Sensory Disease	11	0	0 - 76	9	0	0 - 90
Urologic Disease	27	7	0 - 76	42	2	0 - 38

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 50
Occupancy Rate (%): 78
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 32
Percent of Physicians Who Are Board Certified Specialists: 47
Interns and Residents: 0
Registered Nurses: 55
Licensed Practical Nurses: 18

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

TAYLOR HOSPITAL

268 STILLWATER AVE
BANGOR, ME 04401

Medicare Hospital Provider Number: 200047

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	165	8	10 - 19	184	15	10 - 21
Cancer	4	25	14 - 87	6	17	16 - 76
Cerebrovascular Accidents	4	0	5 - 70	5	20	6 - 74
Gastrointestinal Catastrophes	1	100	1 - 97	2	50	2 - 92
Infectious Disease	2	0	4 - 88	2	0	3 - 88
Metabolic/Electrolyte Disorders	4	25	1 - 84	2	0	0 - 96
Pulmonary Disease	27	11	12 - 39	33	27	10 - 42
Renal Failure	1	0	0 -100	2	50	3 - 93
Severe Acute Heart Disease	8	13	17 - 68	8	38	11 - 71
Severe Chronic Heart Disease	13	15	6 - 50	11	27	6 - 59
Severe Trauma	1	0	0 -100	0	-	-
Gastrointestinal Disease	11	0	0 - 66	17	12	0 - 85
Gynecologic Disease	3	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	22	9	0 - 58	24	13	0 - 48
Musculoskeletal/Skin Conditions	7	14	0 -100	11	9	0 - 88
Neuropsychiatric/Sensory Disease	1	0	0 -100	9	0	0 - 97
Urologic Disease	7	0	0 -100	6	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	83
Occupancy Rate (%):	54
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	11
Percent of Physicians Who Are Board Certified Specialists:	36
Interns and Residents:	0
Registered Nurses:	15
Licensed Practical Nurses:	11

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

THE AROOSTOOK MEDICAL CENTER

ACADEMY ST
PRESQUE ISLE, ME 04769

Medicare Hospital Provider Number: 200018

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	737	11	10 - 15	792	12	8 - 14
Cancer	33	45	28 - 63	21	38	26 - 67
Cerebrovascular Accidents	30	13	16 - 42	32	6	18 - 39
Gastrointestinal Catastrophes	5	60	7 - 79	9	33	15 - 72
Infectious Disease	3	33	6 - 87	4	25	10 - 84
Metabolic/Electrolyte Disorders	9	22	4 - 62	10	30	3 - 63
Pulmonary Disease	33	24	15 - 45	29	34	14 - 50
Renal Failure	3	100	10 - 85	1	100	2 - 97
Severe Acute Heart Disease	38	21	24 - 52	41	34	22 - 52
Severe Chronic Heart Disease	26	35	10 - 47	36	31	10 - 41
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	38	0	0 - 18	57	4	1 - 17
Gynecologic Disease	11	0	0 -100	9	0	0 -100
Low-Risk Heart Disease	74	4	1 - 14	82	4	1 - 13
Musculoskeletal/Skin Conditions	81	2	1 - 12	89	0	0 - 7
Neuropsychiatric/Sensory Disease	80	1	0 - 12	80	2	0 - 21
Urologic Disease	22	5	0 - 80	17	12	0 - 89

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	204
Occupancy Rate (%):	80
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	39
Percent of Physicians Who Are Board Certified Specialists:	92
Interns and Residents:	0
Registered Nurses:	89
Licensed Practical Nurses:	55

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

VAN BUREN COMM HOSP

2 MAIN ST
VAN BUREN, ME 04785

Medicare Hospital Provider Number: 200005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	20	10	1 - 42	47	11	8 - 28
Cancer	1	100	1 - 97	0	-	-
Cerebrovascular Accidents	1	100	0 - 97	2	50	5 - 93
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	2	0	0 - 98	2	0	0 - 97
Pulmonary Disease	0	-	-	4	25	1 - 87
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	3	33	9 - 89
Severe Chronic Heart Disease	0	-	-	10	10	7 - 52
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	1	0	0 -100	3	0	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	2	0	0 -100	8	0	0 - 98
Musculoskeletal/Skin Conditions	2	0	0 -100	0	-	-
Neuropsychiatric/Sensory Disease	6	0	0 -100	3	0	0 -100
Urologic Disease	0	-	-	2	50	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	19
Occupancy Rate (%):	41
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	1
Percent of Physicians Who Are Board Certified Specialists:	0
Interns and Residents:	0
Registered Nurses:	8
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WALDO CO GENERAL HOSP

NORTHPORT AVE
BELFAST, ME 04915

Medicare Hospital Provider Number: 200013

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	468	11	10 - 16	461	14	10 - 17
Cancer	16	50	24 - 71	7	71	25 - 86
Cerebrovascular Accidents	22	27	11 - 48	24	29	13 - 50
Gastrointestinal Catastrophes	5	0	17 - 74	6	17	12 - 74
Infectious Disease	1	100	1 - 97	6	50	6 - 75
Metabolic/Electrolyte Disorders	6	17	1 - 76	5	20	1 - 77
Pulmonary Disease	37	24	13 - 43	23	9	9 - 38
Renal Failure	3	67	9 - 92	6	50	13 - 85
Severe Acute Heart Disease	27	33	19 - 55	28	50	23 - 59
Severe Chronic Heart Disease	25	20	7 - 41	25	28	10 - 46
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	40	0	0 - 15	51	2	0 - 19
Gynecologic Disease	5	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	30	3	0 - 33	27	4	1 - 29
Musculoskeletal/Skin Conditions	41	0	0 - 14	43	0	0 - 16
Neuropsychiatric/Sensory Disease	20	5	0 - 71	25	4	0 - 68
Urologic Disease	20	0	0 - 92	12	8	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	49
Occupancy Rate (%):	47
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	24
Percent of Physicians Who Are Board Certified Specialists:	92
Interns and Residents:	0
Registered Nurses:	41
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WATERVILLE OSTEOPATHIC HOSPITAL

KENNEDY MEMORIAL DR
WATERVILLE, ME 04901

Medicare Hospital Provider Number: 200041

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	394	8	7 - 14	489	10	8 - 14
Cancer	5	80	17 - 84	9	56	16 - 75
Cerebrovascular Accidents	3	33	2 - 86	12	25	13 - 61
Gastrointestinal Catastrophes	4	50	4 - 82	1	0	0 - 99
Infectious Disease	1	0	2 - 97	2	50	3 - 92
Metabolic/Electrolyte Disorders	11	0	9 - 45	22	18	12 - 49
Pulmonary Disease	25	16	9 - 41	31	19	6 - 38
Renal Failure	1	0	3 - 98	4	25	9 - 85
Severe Acute Heart Disease	15	33	15 - 61	16	50	18 - 65
Severe Chronic Heart Disease	19	16	7 - 43	14	14	6 - 48
Severe Trauma	0	-	-	1	0	3 - 98
Gastrointestinal Disease	32	9	0 - 50	41	0	1 - 13
Gynecologic Disease	5	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	47	4	0 - 23	56	2	1 - 14
Musculoskeletal/Skin Conditions	59	5	0 - 23	74	0	1 - 8
Neuropsychiatric/Sensory Disease	11	0	0 - 98	11	0	0 - 98
Urologic Disease	8	0	0 -100	16	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 78
Occupancy Rate (%): (not available)
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: (not available)
Percent of Physicians Who Are Board Certified Specialists: (not available)
Interns and Residents: (not available)
Registered Nurses: (not available)
Licensed Practical Nurses: (not available)

SPECIALTY SERVICES

Shock/Trauma Unit: (not available)
Burn Unit: (not available)
Medical/Surgical Intensive Care: (not available)
Cardiac Intensive Care: (not available)
Organ Transplant Service: (not available)
Hospice Care: (not available)

WEBBER HOSPITAL ASSOCIATION

1 MOUNTAIN RD
BIDDEFORD, ME 04005

Medicare Hospital Provider Number: 200019

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,430	15	11 - 16	1,359	12	11 - 15
Cancer	71	55	31 - 57	50	52	28 - 58
Cerebrovascular Accidents	69	28	17 - 39	63	35	17 - 42
Gastrointestinal Catastrophes	13	23	14 - 62	12	8	12 - 53
Infectious Disease	14	36	11 - 60	9	56	10 - 70
Metabolic/Electrolyte Disorders	14	29	4 - 56	17	24	7 - 51
Pulmonary Disease	73	25	14 - 36	65	17	15 - 36
Renal Failure	3	67	6 - 89	5	40	12 - 86
Severe Acute Heart Disease	90	38	28 - 50	87	26	29 - 50
Severe Chronic Heart Disease	85	29	12 - 33	67	16	16 - 35
Severe Trauma	2	0	4 - 88	1	0	0 - 97
Gastrointestinal Disease	112	4	1 - 11	119	3	1 - 9
Gynecologic Disease	13	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	143	3	1 - 8	185	2	2 - 7
Musculoskeletal/Skin Conditions	154	2	1 - 7	119	1	1 - 7
Neuropsychiatric/Sensory Disease	32	0	0 - 31	35	0	0 - 18
Urologic Disease	26	0	0 - 74	24	0	0 - 36

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	150
Occupancy Rate (%):	73
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	71
Percent of Physicians Who Are Board Certified Specialists:	51
Interns and Residents:	0
Registered Nurses:	175
Licensed Practical Nurses:	32

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOUTHERN MAINE MEDICAL CENTER

October 21, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Thank you for providing Southern Maine Medical Center with an opportunity to comment on the Medicare Mortality Data prior to its release in December, 1988.

After reviewing the data provided, we acknowledge that the Medicare data appears accurate as presented; however, we wish to submit the following comments:

- o Southern Maine Medical Center falls within all predicted ranges for all causes of death. The overall 1987 Medicare Mortality Rate for Southern Maine Medical Center was 15% compared to the Health Care Financing Administration's range of predicted mortality rates of 11% to 16%.
- o For all predicted ranges set for diagnostic categories, Southern Maine Medical Center's Medicare Mortality Rates fell within these ranges. In fact, of the 16 diagnostic categories, Southern Maine Medical Center fell at or below the mid-point for 12 of the 16 categories of illness. In the remaining four categories, mortality rates fell within the normal ranges but above the predicted mid-point of the range.
- o We note that in the data released for 1986, Southern Maine Medical Center was listed as having 106 beds, this number standing for medical/surgical beds only. We also note that the occupancy rate listed for the hospital for 1986 was shown as 72%; however, this number stands for the hospital's total occupancy rate and not the occupancy rate for the hospital's 106 medical/surgical beds. If HCFA were to list our occupancy rate for medical/surgical beds alone, our occupancy rate should have been listed as 79% instead of 72%. Likewise, our hospital's total occupancy rate for 1987 was 73% while our occupancy rate for the 106 medical/surgical beds was 79%. Since HFCA is attempting to provide broad characteristics of each hospital, it may make more sense to provide the public with the total number of beds (in our case 150) and the total occupancy rate for each hospital.

One Mountain Road, P.O. Box 626, Biddeford, ME 04005-0626 (207) 283-3663

- For 1986, the total number of physicians on the Active Medical Staff at Southern Maine Medical Center was correctly listed as 59; however, the percentage of Board-Certified physicians should have been listed as 46% instead of 22%. For 1987, there were 71 physicians on the Active Medical Staff, of which 51% are Board-Certified.

We value the data provided by the Health Care Financing Administration because it enhances our ability to review the appropriateness of care given to patients -- an ongoing process at Southern Maine Medical Center. We feel, however, that severity of illness must be an essential ingredient in any attempt to assess quality. As a result, Southern Maine Medical Center is now evaluating various methodologies of assigning a severity of illness index to all hospital inpatients, including Medicare beneficiaries. By doing so, we hope to develop an ever clearer picture of how well we are serving our patient population.

Sincerely,

Edward J. McGeachey

Edward J. McGeachey
President

EJM/pab/2142R

cc: Philip R. Merrill, Chairman
Board of Directors

Carl Morrison, M.D.
President, Medical Staff

Leslie Tripp, M.D.
Chairman, Quality Assurance Committee

Randie Hornickel, R.N.
Director of Quality Assurance/Utilization Review

YORK HOSP-HENRY STRATER WING

15 HOSPITAL DR
YORK, ME 03909

Medicare Hospital Provider Number: 200020

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	714	11	9 - 15	813	11	8 - 14
Cancer	21	57	21 - 63	7	57	10 - 74
Cerebrovascular Accidents	23	17	11 - 44	34	38	13 - 46
Gastrointestinal Catastrophes	4	50	8 - 84	7	43	11 - 76
Infectious Disease	9	44	18 - 76	3	0	9 - 82
Metabolic/Electrolyte Disorders	12	17	8 - 56	11	36	3 - 62
Pulmonary Disease	35	17	9 - 37	43	7	13 - 33
Renal Failure	1	100	2 -100	5	60	10 - 85
Severe Acute Heart Disease	35	46	24 - 57	34	35	23 - 55
Severe Chronic Heart Disease	48	23	14 - 39	56	21	15 - 38
Severe Trauma	0	-	-	2	0	1 - 89
Gastrointestinal Disease	48	0	1 - 12	89	2	1 - 10
Gynecologic Disease	9	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	94	0	1 - 6	103	4	1 - 12
Musculoskeletal/Skin Conditions	43	0	0 - 17	47	0	0 - 18
Neuropsychiatric/Sensory Disease	46	0	1 - 12	33	3	0 - 71
Urologic Disease	35	0	0 - 51	38	0	0 - 23

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	79
Occupancy Rate (%):	67
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	36
Percent of Physicians Who Are Board Certified Specialists:	56
Interns and Residents:	0
Registered Nurses:	73
Licensed Practical Nurses:	10

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WESTBROOK COMM HOSP

40 PARK RD
WESTBROOK, ME 04092

Medicare Hospital Provider Number: 200043

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	111	10	5 - 17	136	11	3 - 15
Cancer	6	67	11 - 77	2	100	9 - 92
Cerebrovascular Accidents	3	0	2 - 79	4	0	3 - 70
Gastrointestinal Catastrophes	1	100	2 - 97	2	50	3 - 92
Infectious Disease	1	0	0 - 98	1	0	3 - 98
Metabolic/Electrolyte Disorders	3	67	6 - 87	2	0	0 - 92
Pulmonary Disease	5	20	6 - 74	5	60	1 - 83
Renal Failure	0	-	-	1	0	3 - 98
Severe Acute Heart Disease	1	0	0 - 98	0	-	-
Severe Chronic Heart Disease	7	43	5 - 71	9	44	3 - 66
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	3	0	0 -100	10	10	0 - 99
Gynecologic Disease	0	-	-	1	0	0 -100
Low-Risk Heart Disease	5	0	0 -100	5	0	0 -100
Musculoskeletal/Skin Conditions	4	0	0 -100	10	0	0 -100
Neuropsychiatric/Sensory Disease	44	0	0 - 54	46	0	0 - 44
Urologic Disease	7	0	0 -100	8	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	30
Occupancy Rate (%):	27
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	44
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	0
Registered Nurses:	11
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Medicare Provider
ID#: 200020

York Hospital 15 HOSPITAL DRIVE • YORK, MAINE 03909-1099 • TEL. 363-4321

COMMENTS ON THE HCFA MORTALITY DATA

Data Verification

The data used by HCFA indicate that a total of 144 Medicare patients admitted to York Hospital died within 30 days of admission. Of these, 82 died while still a patient of the hospital, while 62 died after discharge. Our own records indicate that 1177 Medicare admissions occurred in 1987. Presumably the discrepancy reflects multiple admissions of individual beneficiaries to different hospitals. We have no way of verifying whether the number of Medicare patients treated at York Hospital is correct. Our own records also indicate that of the 82 Medicare patients who died within 30 days of admission while still an inpatient, 57 were still alive at the time of discharge. (NOTE: The hospital should submit to HCFA a corrected copy of the patient listing clearly identifying any patients mistakenly coded as dead at the time of discharge.) It is impossible to determine the percentage of the 62 patients dying after discharge who were in fact alive, as information concerning death after discharge is not included in the patient's medical record.

Without detailed information concerning the billing data available to HCFA in computing the predicted mortality rate, it is impossible to verify the accuracy of the diagnostic or other data used in your analysis.

Interpretive Remarks

In _____ of the diagnostic categories, the hospital's actual mortality rate falls outside of the range of the predicted mortality rate. After correcting the errors in the recording of deaths, the number of categories in which the actual mortality rate is outside the range of the predicted mortality rate falls to _____. Several factors may account for this difference.

Unique Services Resulting in Higher than Average Mortality.

Results of Prelimary Medicare Record Review.

YORK HOSPITAL

Worksheet 1: Analysis of Reporting Errors

Diagnostic Category	Deaths Reported by HCFA		Deaths Verified by Hospital	
	In-hospital	Post-hospital	In-hospital	Post-hospital
Cancer	12	1	12	1
Cerebrovascular Accidents	4	1	4	1
Gastrointestinal Catastrophes	2	1	2	1
Gastrointestinal Disease	0	1	0	0
Urologic Disease	0	2	0	0
Gynecologic Disease	0	0	0	0
Low Risk Heart Disease	0	2	0	0
Severe Chronic Heart Disease	11	13	11	13
Severe Acute Heart Disease	16	1	16	1
Metabolic/Electrolyte Disturbances	2	5	2	5
Neuro/Psyche	0	5	0	5
Pulmonary Disease	6	4	6	4
Renal Failure	1	0	1	0
Musculoskeletal	0	2	0	2
Infectious Disease	4	2	4	2
Other Diagnoses	24	22	24	22
Total -- All Categories	82	62	82	57

ADCARE HOSPITAL OF WORCESTER,INC

107 LINCOLN ST
WORCESTER, MA 01605

Medicare Hospital Provider Number: 220062

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	141	1	0 - 17	150	1	0 - 8
Cancer	0	-	-	0	-	-
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	0	-	-	0	-	-
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	0	-	-
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	141	1	0 - 17	150	1	0 - 8
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	88
Occupancy Rate (%):	(not available)
Ownership/Control:	Private, For Profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

ADDISON GILBERT HOSP

298 WASHINGTON ST
GLOUCESTER, MA 01930

Medicare Hospital Provider Number: 220128

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,049	14	12 - 18	1,118	13	11 - 16
Cancer	46	63	33 - 64	48	50	28 - 58
Cerebrovascular Accidents	49	27	15 - 41	53	25	18 - 43
Gastrointestinal Catastrophes	9	33	9 - 68	16	38	16 - 63
Infectious Disease	3	100	10 - 82	12	17	18 - 64
Metabolic/Electrolyte Disorders	41	15	12 - 40	31	10	12 - 40
Pulmonary Disease	87	26	16 - 37	82	23	14 - 36
Renal Failure	4	75	9 - 86	2	0	6 - 91
Severe Acute Heart Disease	62	39	30 - 55	39	44	23 - 54
Severe Chronic Heart Disease	55	25	14 - 38	63	29	16 - 39
Severe Trauma	2	0	1 - 90	1	0	1 - 97
Gastrointestinal Disease	66	2	1 - 11	54	2	1 - 14
Gynecologic Disease	3	0	0 -100	11	0	0 -100
Low-Risk Heart Disease	108	3	2 - 10	106	4	1 - 11
Musculoskeletal/Skin Conditions	89	6	0 - 17	111	2	1 - 9
Neuropsychiatric/Sensory Disease	28	7	0 - 64	39	3	0 - 24
Urologic Disease	40	0	0 - 51	47	2	0 - 57

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 113
Occupancy Rate (%): 68
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 54
Percent of Physicians Who Are Board Certified Specialists: 59
Interns and Residents: 0
Registered Nurses: 116
Licensed Practical Nurses: 31

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Addison Gilbert Hospital
298 Washington Street, Gloucester, MA 01930 (617) 283-4000

October 21, 1988

Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland

RE: Comments on Hospital Mortality Rates

Attention: Mrs. Sandra Kappert

The Medical Staff and Administration of the Addison Gilbert Hospital anticipated the mortality figures for hospitalized Medicare beneficiaries as released by the Health Care Financing Administration.

The figures indicate that the mortality rates are within the predicted range for this hospital in all of the diagnostic categories except for one - Infectious Disease. This category was determined using an extremely small sample. These rates are a reflection of the overall high quality of care maintained by the physicians and health care personnel at this hospital, and of the quality assurance program in place to monitor and comment on that care.

Sincerely,

T. A. Scharfenstein
President

AMESBURY HOSP

MORRILL PLACE
AMESBURY, MA 01913

Medicare Hospital Provider Number: 220131

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	568	13	10 - 16	581	15	10 - 17
Cancer	16	44	19 - 66	11	55	23 - 77
Cerebrovascular Accidents	17	18	15 - 53	13	31	9 - 58
Gastrointestinal Catastrophes	3	67	4 - 86	5	0	13 - 70
Infectious Disease	10	20	11 - 63	9	56	12 - 71
Metabolic/Electrolyte Disorders	19	32	7 - 52	15	33	7 - 56
Pulmonary Disease	42	33	13 - 43	50	26	14 - 41
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	24	50	22 - 61	33	55	26 - 60
Severe Chronic Heart Disease	34	24	11 - 41	22	27	8 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	34	6	0 - 36	45	4	1 - 20
Gynecologic Disease	8	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	81	0	1 - 7	75	7	0 - 21
Musculoskeletal/Skin Conditions	50	6	0 - 24	51	6	1 - 22
Neuropsychiatric/Sensory Disease	23	4	0 - 91	20	5	0 - 97
Urologic Disease	27	4	0 - 67	15	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	63
Occupancy Rate (%):	(not available)
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

AMESBURY*
HOSPITAL

Ronald E. Brooks
Administrator

617-388-5060

24 Morrill Place, Amesbury, MA 01913

October 24, 1988

Health Care Financing Administration
Health Care Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

Dear Sir/Madam:

This letter serves as a response to the mortality data profile sent by HCFA in September. The survey indicates that within the diagnostic categories identified, there were no inaccuracies. We were pleased to find that in all diagnostic categories reported, Amesbury Hospital was below predicted mortality rates established by your Department.

We are concerned, however, about the potential misunderstanding of this data as a measure of quality. In particular, we are concerned that the general public might easily misinterpret this information, not realizing that it is not a refined measure of quality. The HCFA model does not account for many factors beyond the hospital's control which affect patient outcomes and hospital performance. Patients, for example with a terminal illness who die irrespective of the setting or deaths that occurred several months after a patient was discharged from the hospital.

In our review of the data, we found several examples where such misunderstandings might occur.

1. A patient was admitted with cellulitis, discharged, and subsequently expired at home due to a cardiac infarct. The death was clearly unrelated to the cellulitis, however, it was counted as an Amesbury Hospital death with a primary diagnosis of cellulitis.

2. Two patients were listed in the mortality data with cause of death being Low Risk Heart Disease. Both deaths occurred after the 30th day of admission, and the death did not occur in this facility.

3. Several patients were admitted with dehydration and subsequently expired. The general public might not understand that this was a manifestation of another disease and could misinterpret this information.

In conclusion, we hope you will consider these factors when publicizing this data in the future.

Sincerely,

Betsy Cohen

Betsy Cohen
Assistant Administrator

/l

ANNA JACQUES HOSP

25 HIGHLAND AVE
NEWBURYPORT, MA 01950

Medicare Hospital Provider Number: 220029

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,090	14	12 - 17	1,043	13	11 - 16
Cancer	40	57	29 - 62	24	54	25 - 65
Cerebrovascular Accidents	45	29	15 - 42	50	16	18 - 40
Gastrointestinal Catastrophes	6	67	9 - 76	5	40	10 - 81
Infectious Disease	21	48	16 - 59	14	43	19 - 69
Metabolic/Electrolyte Disorders	31	3	15 - 39	17	12	5 - 45
Pulmonary Disease	86	30	19 - 41	78	18	18 - 39
Renal Failure	5	20	15 - 85	6	67	14 - 85
Severe Acute Heart Disease	50	58	27 - 56	50	38	26 - 54
Severe Chronic Heart Disease	61	16	16 - 36	63	22	14 - 36
Severe Trauma	0	-	-	2	0	2 - 89
Gastrointestinal Disease	108	1	1 - 7	71	4	1 - 16
Gynecologic Disease	4	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	141	1	2 - 7	103	3	1 - 10
Musculoskeletal/Skin Conditions	75	3	0 - 15	98	4	1 - 12
Neuropsychiatric/Sensory Disease	31	0	0 - 21	34	0	0 - 41
Urologic Disease	25	4	0 -100	32	0	0 - 30

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	156
Occupancy Rate (%):	62
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	97
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	120
Licensed Practical Nurses:	29

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Anna Jaques Hospital
of Newburyport
25 Highland Avenue • Newburyport, MA 01950 • (617) 462-6600

Reaching out to serve you

October 24, 1988

William L. Roper, M.D., Administrator
Department of Health & Human Services
Health Care Financing Administration
6325 Security Boulevard
Baltimore, Maryland 20207

Dear Dr. Roper:

We have reviewed the material from HCFA concerning the 1987 Medicare Mortality information and welcome the opportunity to comment. We feel that it is important that the public have better methods of evaluating our hospital's quality of care. Since mortality rates for 1987 are well within the predicted range, we do not feel that this reflects the high quality of care we provide. Mortality data is little more than a screening tool for focusing medical peer review.

We have reviewed the cases cited by HCFA which include the last hospital admission in 1987 for all Medicare beneficiaries, including those Medicare patients who died within 30 days of that admission. We were unable to find any errors in the material. However, it is virtually impossible to properly review the data of those patients who expired after discharge.

Quality of care is a prime concern of Anna Jaques Hospital's Governing Body, Administration, and Medical Staff. Our patient care assessment process assures that patient care is maintained in an optimal achievable level as a result of our Quality Assurance/Risk Management peer review and Utilization Management activities. All deaths listed by HCFA have been reviewed. Review was either by the Chief of the involved Medical Staff service, members of the Medical Staff not directly involved in the care of the patient who died or by the involved department itself. We were unable to document instances in which the quality of care rendered by the physician was considered inappropriate or questionable. In addition, many of the cases cited had previously been reviewed by MassPRO. We have not received any sanctions for not rendering quality care on those cases.

Despite HCFA's changes in the diagnostic categories attempting to group patients with similar risks of deaths in the same diagnostic categories, the mortality data still fails to take into account true severity of illness, hospital management, status of the patient on admission or discharge, complete comorbidities, terminal illnesses, cause of death which is often unrelated to the principle diagnosis, DO NOT Resuscitate orders, patient mix, result of peer review, and the patient's wishes. The data, therefore, does not reflect quality of care.

In your September 15, 1988 letter to our hospital you discuss a Medicare mortality predictor system to estimate the likelihood of death in patients admitted with four diagnoses. This program fails to take into account true severity of illness. HCFA never the less appears to be aware of these shortcomings and is currently in the process of studying methods of incorporating severity of illness into its database. We endorse such efforts and look forward to reviewing the results.

I want to thank you for giving us the opportunity to respond to the HCFA report and look forward to working together to ensure quality of care to all of the patients we serve.

Sincerely,

Allan L. DesRosiers

Allan L. DesRosiers
President

/kh

ATHOL MEMORIAL HOSP

2033 MAIN STREET
ATHOL, MA 01331

Medicare Hospital Provider Number: 220003

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	598	12	11 - 17	602	14	10 - 17
Cancer	15	60	26 - 73	19	63	26 - 69
Cerebrovascular Accidents	25	48	15 - 53	34	26	15 - 46
Gastrointestinal Catastrophes	7	29	11 - 73	3	67	2 - 86
Infectious Disease	4	0	8 - 72	4	25	2 - 81
Metabolic/Electrolyte Disorders	29	3	17 - 42	20	10	11 - 45
Pulmonary Disease	37	24	10 - 40	30	27	12 - 45
Renal Failure	1	100	0 -100	3	0	9 - 85
Severe Acute Heart Disease	22	41	20 - 60	28	43	23 - 59
Severe Chronic Heart Disease	47	28	14 - 41	42	29	13 - 41
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	51	2	1 - 14	53	2	1 - 14
Gynecologic Disease	5	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	75	3	1 - 12	72	3	1 - 12
Musculoskeletal/Skin Conditions	52	2	0 - 19	53	6	1 - 21
Neuropsychiatric/Sensory Disease	20	0	0 - 65	15	0	0 - 97
Urologic Disease	10	10	0 -100	18	0	0 - 75

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 81
Occupancy Rate (%): 48
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 16
Percent of Physicians Who Are Board Certified Specialists: 50
Interns and Residents: (not available)
Registered Nurses: (not available)
Licensed Practical Nurses: (not available)

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

ATLANTICARE MEDICAL CENTER INC

500 LYNNFIELD STREET
LYNN, MA 01904

Medicare Hospital Provider Number: 220035

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,086	15	12 - 17	1,867	14	12 - 16
Cancer	86	53	30 - 55	57	49	30 - 58
Cerebrovascular Accidents	85	24	18 - 38	60	37	16 - 41
Gastrointestinal Catastrophes	17	29	18 - 63	12	42	14 - 67
Infectious Disease	29	31	21 - 57	24	17	20 - 55
Metabolic/Electrolyte Disorders	75	25	13 - 40	65	26	14 - 41
Pulmonary Disease	158	27	16 - 33	135	28	21 - 39
Renal Failure	6	67	16 - 86	9	33	16 - 80
Severe Acute Heart Disease	102	38	29 - 50	82	35	28 - 50
Severe Chronic Heart Disease	115	18	18 - 34	82	28	15 - 36
Severe Trauma	3	33	6 - 87	5	60	11 - 82
Gastrointestinal Disease	127	4	1 - 10	125	2	1 - 9
Gynecologic Disease	13	0	0 - 84	17	0	0 -100
Low-Risk Heart Disease	225	4	2 - 8	211	4	2 - 8
Musculoskeletal/Skin Conditions	168	4	1 - 9	183	4	1 - 8
Neuropsychiatric/Sensory Disease	47	6	0 - 38	35	3	0 - 38
Urologic Disease	59	5	0 - 43	53	2	0 - 28

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	511
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	3
Registered Nurses:	340
Licensed Practical Nurses:	44

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

AtlantiCare

AtlantiCare Medical Center

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows Each Building
6325 Security Boulevard
Baltimore, MD 21207

RE: Medicare Hospital Mortality Information (1987)
AtlantiCare Medical Center, 212 Boston Street, Lynn, MA 01904

The Medicare mortality rates (1987) for AtlantiCare Medical Center all fall within the ranges for predicted mortality.

Decreases in mortality between 1986 and 1987 occurred in the following diagnostic categories: cerebrovascular accident, gastrointestinal catastrophes, severe chronic heart disease and severe trauma.

The two diagnostic categories which reflect an increased percentage of mortality - although still within the range of predicted mortality - were infectious diseases and renal failure.

Cases within these two categories have been reviewed:
Renal failure: Four of the six cases were admitted from nursing homes. Three patients who expired had other chronic or terminal conditions. All patients were treated properly while in the hospital and the deaths were unpreventable. Two cases were of a DNR status.

Infectious disease: Twenty-eight of the 29 cases reported by HCFA were reviewed. Of these, nine expired. All deaths in this category held the status of DNR and death was unpreventable and expected. One case reported as expired, did so more than 30 days after discharge and should not have been reported in the statistics.

The average age of all patients treated in these two categories is 81.7 years. Of those who expired, 79 was the average age.

500 Lynnfield Street
Lynn, Massachusetts 01904
617-581-9200

ATLANTICARE MEDICAL CENTER INC UNION

212 BOSTON STREET
LYNN, MA 01904

Medicare Hospital Provider Number: 220005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	989	13	10 - 16	1,602	14	11 - 16
Cancer	42	60	34 - 66	74	50	32 - 59
Cerebrovascular Accidents	19	21	15 - 52	54	33	17 - 43
Gastrointestinal Catastrophes	9	22	10 - 65	7	14	10 - 67
Infectious Disease	13	31	17 - 67	10	20	17 - 68
Metabolic/Electrolyte Disorders	15	20	9 - 54	49	31	11 - 42
Pulmonary Disease	44	25	13 - 41	75	29	16 - 39
Renal Failure	5	80	16 - 87	7	43	15 - 84
Severe Acute Heart Disease	31	19	24 - 53	66	45	29 - 54
Severe Chronic Heart Disease	43	30	11 - 40	57	32	17 - 42
Severe Trauma	1	0	1 - 97	1	0	1 - 97
Gastrointestinal Disease	101	0	2 - 7	142	2	1 - 8
Gynecologic Disease	11	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	91	7	1 - 17	167	6	1 - 10
Musculoskeletal/Skin Conditions	86	2	0 - 12	168	1	1 - 6
Neuropsychiatric/Sensory Disease	24	4	0 - 47	50	0	1 - 11
Urologic Disease	53	0	1 - 11	59	3	0 - 27

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1986

Total Beds (#):	511
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	195
Licensed Practical Nurses:	23

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

BAYSTATE MED CENTER

759 CHESTNUT ST
SPRINGFIELD, MA 01107

Medicare Hospital Provider Number: 220077

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,445	15	12 - 16	4,846	16	12 - 16
Cancer	198	40	30 - 50	270	46	35 - 54
Cerebrovascular Accidents	179	20	19 - 33	203	29	20 - 34
Gastrointestinal Catastrophes	61	43	20 - 50	60	48	22 - 52
Infectious Disease	44	45	20 - 53	52	44	25 - 56
Metabolic/Electrolyte Disorders	112	38	14 - 39	72	26	12 - 39
Pulmonary Disease	250	30	19 - 35	244	33	20 - 36
Renal Failure	30	37	16 - 66	25	28	15 - 67
Severe Acute Heart Disease	272	33	31 - 46	248	42	31 - 46
Severe Chronic Heart Disease	232	26	17 - 30	247	21	19 - 32
Severe Trauma	9	11	8 - 59	5	60	5 - 78
Gastrointestinal Disease	243	5	2 - 8	225	6	1 - 9
Gynecologic Disease	34	3	0 - 98	32	0	0 -100
Low-Risk Heart Disease	497	6	2 - 7	592	6	2 - 7
Musculoskeletal/Skin Conditions	343	3	1 - 6	395	4	1 - 6
Neuropsychiatric/Sensory Disease	153	5	1 - 11	155	5	0 - 12
Urologic Disease	102	1	0 - 9	124	2	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	650
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	504
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	136
Registered Nurses:	802
Licensed Practical Nurses:	136

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

BAYSTATE MEDICAL CENTER
SPRINGFIELD, MASSACHUSETTS 01199 (413) 784-0000

October 20, 1988

Confidential

Health Standards and Quality Bureau
Health Care Financing Administration
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Attention: Mrs. Sandra Kappert

Dear Mrs. Kappert:

I would like to comment on Health Care Financing Administration (HCFA) mortality information released on September 15, 1988 for Baystate Medical Center (Medicare Provider No. 220077).

The Medical Center's approach in the review of the above referenced data will be in several steps. The first step in our process, which we have partially completed, is to evaluate the accuracy of the data provided to the Medical Center. Our preliminary review of two diagnostic categories has identified a few errors with the data, as follows:

	Patient ID Number (HIC)	Surname (1st 6 ltrs)	Date of Discharge	Data Discrepancy
CATEGORY: LOW-RISK HEART DISEASE:				
1.	[redacted]	[redacted]	[redacted]	Principal dx listed 411.1 Correct principal dx 401.9
	Changes diagnostic classification to Severe Acute Heart Disease			
2.	[redacted]	[redacted]	[redacted]	Although patient died within 30 days of admission, he was readmitted to the Medical Center again and died in 1988. Cases such as this have the potential to be used again in future releases of hospitals' mortality data.
CATEGORY: METABOLIC/ELECTROLYTE DISTURBANCES:				
1.	[redacted]	[redacted]	[redacted]	Principal dx listed 276.5 Correct principal dx 486.
	Changes diagnostic classification to Pulmonary Disease			

With these several errors identified on preliminary review, it will be important to perform a more in-depth data verification before incorporating this into the Medical Center's Quality Assessment program.

After we have completed our initial review as described above, the Medical Center will review the aggregate data for perceived trends which could then be clarified by individual Medical Staff medical record review. It is our opinion that data such as this is useful only to identify potential trends. Medical record analysis through a physician peer review process is the best method to determine if trends are related to either quality of care issues or are simply due to the treatment of a more complex patient population.

At Baystate Medical Center, a 878 bed regional referral center for Western Massachusetts, we have a strong commitment to the provision of the highest quality patient care. This commitment is underscored through our extensive Quality Assessment programs within all areas of the Medical Center. Our Medical Quality Assessment program has had in place for a number of years an extensive mortality and morbidity review program which provides for the highest level of clinical review.

Our commitment is to maintain the highest standard of care available for our community and patients.

Sincerely,

Clifford M. Eldredge
Executive Vice President and Chief Executive Officer
Baystate Medical Center

BERKSHIRE MEDICAL CENTER

725 NORTH STREET
PITTSFIELD, MA 01201

Medicare Hospital Provider Number: 220046

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,558	13	11 - 16	2,399	12	11 - 16
Cancer	126	48	32 - 54	117	41	34 - 57
Cerebrovascular Accidents	92	23	18 - 36	76	28	18 - 40
Gastrointestinal Catastrophes	12	50	20 - 73	24	25	16 - 54
Infectious Disease	52	27	23 - 52	28	46	16 - 55
Metabolic/Electrolyte Disorders	45	38	14 - 47	38	34	10 - 45
Pulmonary Disease	153	26	19 - 36	135	27	19 - 37
Renal Failure	19	16	13 - 63	22	18	17 - 68
Severe Acute Heart Disease	94	43	28 - 51	101	36	29 - 50
Severe Chronic Heart Disease	118	19	17 - 33	80	21	16 - 35
Severe Trauma	6	17	7 - 70	8	38	7 - 70
Gastrointestinal Disease	151	2	1 - 8	160	4	2 - 9
Gynecologic Disease	21	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	276	4	2 - 7	241	4	2 - 8
Musculoskeletal/Skin Conditions	307	2	1 - 6	288	1	1 - 5
Neuropsychiatric/Sensory Disease	68	7	1 - 21	63	5	0 - 35
Urologic Disease	96	0	0 - 7	94	0	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	369
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	140
Percent of Physicians Who Are Board Certified Specialists:	84
Interns and Residents:	48
Registered Nurses:	305
Licensed Practical Nurses:	47

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Berkshire
Medical Center
BERKSHIRE HEALTH SYSTEMS
725 North Street
Pittsfield, MA 01201
(413) 499-4161

Hospital ID: 220046
October 24, 1988

COMMENTS ON MEDICARE HOSPITAL MORTALITY INFORMATION
BERKSHIRE MEDICAL CENTER

At Berkshire Medical Center, quality of patient care is defined, assessed, and ensured by a three-tier approach to quality assurance. Each clinical department as well as hospital-wide programs such as Quality Assurance and Infection Control have ongoing mechanisms designed to assess quality measured by both outcome and process. Outcome measures such as mortality and morbidity are probably the most easily measurable and verifiable measurement of the quality of medical care, but it is only one small component of what defines quality care at Berkshire Medical Center. Departmental reviews include such quality mechanisms as facility assessment, staff evaluations, safety incidents, infection rate, patient satisfaction, and assessments of appropriateness of treatment. Specialized committees such as the Cancer Committee, which crosses departmental lines, meet periodically to review patient care protocols and outcomes for particular groups of patients.

On another level, the Department of Quality Assurance, through a computerized data retrieval system, is able to review and analyze quality indicators on a hospital-wide basis identifying problems and initiating corrective action when necessary in addition to preventing future occurrences. A third and final quality check at Berkshire Medical Center is the periodic inspection and review by a host of external licensing and accrediting bodies for purposes of maintaining the hospital's professional standing.

The Health Care Financing Administration, a federal agency, has accumulated data on all Medicare patients in the United States. In a study of mortality among Medicare patients whose last discharge in 1987 was from Berkshire Medical Center and, more specifically, who died within 30 days of that admission, the hospital's actual mortality rate for this group was compared to a national average mortality rate adjusted for patient characteristics. Among the characteristics included were age, sex, and diagnosis. However, severity of illness was not addressed, as a predictor of mortality for the 1986 and 1987 data and should be recognized in future studies. BMC's overall mortality rate for 1987 was 13% or 340 deaths occurring within 30 days of admission. This statistic was within the predicted range of 11-16%. The mortality rates for each of sixteen diagnostic categories also fell in the predicted ranges. Statistics from 1986 similarly show acceptable mortality rates across all categories.

The study group of 2,558 Medicare cases was divided into two smaller groups, patients who died at BMC and those who died after discharge, for comparison purposes. Fifty-three patients or 15.6% of the Medicare deaths occurred after discharge in 1987. Four cases were erroneously identified as dying after discharge; all died in the hospital. The records of these patients who died after discharge were reviewed for purposes of verifying data accuracy, to determine outcome appropriateness, and to identify any treatment patterns that would help explain outcomes.

Fifty-one or 96.2% of the subgroup consisting of patients who died shortly after discharge were in a high risk mortality category taking into consideration such factors as age, principle or secondary diagnosis of cancer, presence of significant comorbidities, previous hospital admissions, transfer status, and "do not resuscitate" status. Seventy-nine percent of the cases exhibited one or more significant comorbidities such as cancer, diabetes, or chronic disease of a vital organ. Seventeen patients or 32% were discharged with a primary or secondary diagnosis of cancer. One-third to one-half of the fifty-three were transferred to a long-term care facility upon discharge, had "do not resuscitate" orders or were hospitalized for the same problem in 1987. Members of this group were older on average (79.5 years) when compared to the group who died in the hospital (77.1 years). The remaining two patients appeared to be lower mortality risks by virtue of their diagnoses and medical history but succumbed two weeks after discharge to a nursing home. The cause of death was unknown in each case but may have been caused by acute episodes of chronic conditions or circumstances unrelated to their admission to Berkshire Medical Center.

The indepth chart review enables us to say with a high degree of assurance that most patients in this study were hospitalized for chronic, progressive illness likely to result in death for individuals of the Medicare age group, that patients were properly managed during their hospital stays whether it be curative or palliative care, and that discharge planning occurred and was appropriate and consistent with the desires of the patient or his family.

KN:je
50-36

BETH ISRAEL HOSP

330 BROOKLINE AVE
BOSTON, MA 02215

Medicare Hospital Provider Number: 220086

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,005	12	13 - 17	3,934	11	13 - 17
Cancer	174	30	34 - 54	181	29	33 - 52
Cerebrovascular Accidents	153	21	20 - 35	147	24	23 - 39
Gastrointestinal Catastrophes	40	50	24 - 59	38	32	21 - 55
Infectious Disease	28	64	26 - 64	37	46	28 - 63
Metabolic/Electrolyte Disorders	45	36	15 - 47	42	12	13 - 40
Pulmonary Disease	162	25	23 - 40	203	26	25 - 41
Renal Failure	31	26	22 - 70	23	26	9 - 63
Severe Acute Heart Disease	212	33	35 - 51	212	22	36 - 51
Severe Chronic Heart Disease	213	20	20 - 33	186	15	21 - 34
Severe Trauma	3	33	3 - 86	9	11	10 - 61
Gastrointestinal Disease	230	5	2 - 9	218	3	2 - 7
Gynecologic Disease	23	0	0 -100	42	2	0 - 99
Low-Risk Heart Disease	646	4	3 - 7	577	4	3 - 7
Musculoskeletal/Skin Conditions	279	5	2 - 8	276	4	2 - 8
Neuropsychiatric/Sensory Disease	102	3	2 - 11	95	3	1 - 11
Urologic Disease	166	1	1 - 6	166	4	1 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	471
Occupancy Rate (%):	87
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	1,074
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	199
Registered Nurses:	1,022
Licensed Practical Nurses:	4

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

Beth Israel Hospital

330 Brookline Avenue
Boston, MA 02215

(617) 735-2000

A major teaching hospital of
Harvard Medical School

A constituent agency of
Combined Jewish Philanthropies

Mitchell T. Rabkin, MD
President

Comments on HCFA Mortality Data
Beth Israel Hospital, Boston, Massachusetts
I.D. Number = 220086

Boston's Beth Israel Hospital offers the following comments in response to the mortality data recently furnished to the Hospital for 1987.

While health care of high quality is our most important priority, it does not follow that the data reported will necessarily provide reliable indices.

(1) There may be inaccuracies in reporting or in counting. In the instance of the 1987 data for this institution, these appeared to be minimal. For example, the information furnished to Beth Israel Hospital indicated a total of 468 Medicare patients died within 30 days of admission during 1987. Of these 468 patients, 80 died after discharge while 388 died in the Hospital according to HCFA data. We reviewed these data by comparing them to the Beth Israel Hospital specific data base. The results showed that of the 468 patients studied, 392 deaths occurred while patients were in the Hospital and 76 deaths occurred following discharge.

(2) Reasons for admission and intensity of illness on admission may vary from hospital to hospital in a significant fashion. Thus crude mortality rates, absent exclusion, for example, of patients admitted in a terminal state from home or a home care program expected to succumb during that admission, can be misleading.

Diligent review by clinical departments and overview by hospital committees with appropriate resulting actions remain a prime methodology for quality review and for ensuring performance of high quality.

Mitchell T

Mitchell T. Rabkin, M.D.
President

BEVERLY HOSP

HERRICK HEATHER STS
BEVERLY, MA 01915

Medicare Hospital Provider Number: 220033

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,829	15	11 - 16	1,857	14	12 - 16
Cancer	77	57	32 - 58	69	46	32 - 59
Cerebrovascular Accidents	79	30	17 - 39	82	23	17 - 37
Gastrointestinal Catastrophes	22	32	19 - 60	23	22	17 - 54
Infectious Disease	16	19	17 - 58	23	30	16 - 55
Metabolic/Electrolyte Disorders	43	30	10 - 43	76	26	13 - 40
Pulmonary Disease	130	34	17 - 36	127	28	16 - 35
Renal Failure	17	35	12 - 68	17	29	13 - 69
Severe Acute Heart Disease	65	37	29 - 54	91	40	30 - 52
Severe Chronic Heart Disease	84	25	16 - 35	81	22	16 - 36
Severe Trauma	2	50	1 - 92	6	33	4 - 74
Gastrointestinal Disease	141	3	1 - 9	129	3	1 - 9
Gynecologic Disease	17	0	0 -100	19	0	0 -100
Low-Risk Heart Disease	206	5	2 - 9	192	6	1 - 9
Musculoskeletal/Skin Conditions	140	4	1 - 11	167	3	1 - 8
Neuropsychiatric/Sensory Disease	72	4	0 - 25	69	1	0 - 13
Urologic Disease	58	3	0 - 23	59	2	0 - 56

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	233
Occupancy Rate (%):	72
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	178
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	241
Licensed Practical Nurses:	38

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Medicare ID #22003

BEVERLY
HOSPITAL *More than a Hospital...a Family Centered Health Care System.*

Herrick & Heather Streets • Beverly, MA 01915 • 508/922-3000

October 20, 1988

William L. Roper, M.D.
Health Care Financing Administration
Department Health and Human Services
Room 309G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C.

Attention: Comments on 1987 Mortality Information for Beverly Hospital, Beverly, Massachusetts

Dear Dr. Roper:

The purpose of this letter is to comment on the pending release of hospital specific mortality data by HCFA and to review the data sent to Beverly Hospital. It is our belief that hospitals strive daily to improve the quality of medical care delivered to all patients. Objective measurement, analysis and dissemination of information about quality performance is the key to internal quality assurance programs. The release of medical outcome data to the public must be done in a manner which provides the public with accurate, understandable data to assist in consumer decision making. To that end, we have reviewed the mortality data and submit the following comments.

Beverly Hospital's mortality rates again fall within the expected HCFA ranges. Our comments concern the accuracy of the data, the presentation methods and information on internal data systems designed to better inform the public on the subject of mortality rates. The data presented by HCFA has several weaknesses:

1. Mortality rates for 1986 and 1987 are presented beside one another as though they could be compared. The formula used to achieve the rates and the predicted ranges for each year is different and therefore should not be compared.

VHA. Member of Voluntary Hospitals of America, Inc.

2. The HCFA data reflects only the last admission of each Medicare patient to the hospital. Hospital mortality statistics, in order to be valid, should be based on the total number of discharges. Beverly Hospital has a large population of chronic elderly including renal dialysis patients who are admitted, treated and discharged several times a year. If the mortality data were based on total Medicare discharges, the overall Beverly Hospital mortality rate would be 9.2%, compared to the 15% in the HCFA study. In addition, two diagnostic groups (cancer and pulmonary disease) which have a high readmission rate also show a mortality rate on the high end of the predicted range.

3. The HCFA data includes patients who expire within thirty days of discharge from the hospital. A review of the provided patient listing shows that 59 of the patients (15%) included in the rates expired after discharge from the hospital. It is impossible to determine the accuracy of the data, as information on this population, once they leave the hospital, is unavailable.

4. The mortality rate does not include any clinical data regarding the average age of these patients, the severity of illness, the average length of stay, or the presence of a Do Not Resuscitate (DNR) order. All of these factors are important when mortality review is conducted.

Beverly Hospital maintains a strong effort in the area of quality review and improvement. Our ongoing quality assurance program includes peer review of all mortalities to ensure the delivery of appropriate, timely and quality care. This review includes the presence or absence of chronic conditions, age, severity of illness indicators, and length of stay. The findings from mortality review, as well as ongoing monitoring programs, are used to continually improve upon patient care at Beverly Hospital. Should you have any questions regarding our comments, please do not hesitate to contact me.

Very truly yours,

Robert R Fanning Jr

Robert R. Fanning, Jr.
President

BON SECOURS HOSP

70 EAST ST
METHUEN, MA 01844

Medicare Hospital Provider Number: 220080

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,211	14	11 - 16	2,232	14	11 - 16
Cancer	121	34	33 - 55	135	41	34 - 56
Cerebrovascular Accidents	81	22	17 - 36	102	24	18 - 36
Gastrointestinal Catastrophes	11	45	16 - 71	17	53	14 - 62
Infectious Disease	22	36	18 - 59	29	28	23 - 58
Metabolic/Electrolyte Disorders	55	31	14 - 44	35	23	14 - 46
Pulmonary Disease	102	27	20 - 40	117	30	17 - 37
Renal Failure	10	40	12 - 75	10	60	14 - 78
Severe Acute Heart Disease	87	52	29 - 52	85	39	28 - 51
Severe Chronic Heart Disease	126	27	15 - 32	106	24	17 - 35
Severe Trauma	12	33	7 - 61	4	25	4 - 80
Gastrointestinal Disease	156	5	1 - 10	162	5	1 - 10
Gynecologic Disease	10	0	0 -100	15	0	0 -100
Low-Risk Heart Disease	252	4	2 - 8	260	5	1 - 8
Musculoskeletal/Skin Conditions	224	2	1 - 6	203	3	1 - 7
Neuropsychiatric/Sensory Disease	104	3	1 - 11	127	1	0 - 8
Urologic Disease	64	0	1 - 9	75	1	0 - 17

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	294
Occupancy Rate (%):	100
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	194
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	255
Licensed Practical Nurses:	49

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

BOSTON CITY HOSP

818 HARRISON AVE
BOSTON, MA 02118

Medicare Hospital Provider Number: 220104

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	963	11	10 - 15	1,010	11	9 - 14
Cancer	30	40	28 - 64	33	33	28 - 62
Cerebrovascular Accidents	36	31	13 - 44	39	21	12 - 39
Gastrointestinal Catastrophes	11	36	5 - 62	11	36	13 - 67
Infectious Disease	5	60	7 - 79	7	57	6 - 72
Metabolic/Electrolyte Disorders	40	13	10 - 39	24	13	7 - 41
Pulmonary Disease	64	23	16 - 39	54	28	13 - 39
Renal Failure	3	33	2 - 88	4	25	3 - 82
Severe Acute Heart Disease	27	37	20 - 57	39	36	23 - 54
Severe Chronic Heart Disease	62	13	14 - 32	45	13	11 - 33
Severe Trauma	5	40	2 - 78	5	20	2 - 76
Gastrointestinal Disease	36	8	0 - 56	57	4	0 - 19
Gynecologic Disease	8	13	0 -100	11	0	0 -100
Low-Risk Heart Disease	69	6	1 - 17	86	6	1 - 16
Musculoskeletal/Skin Conditions	79	0	1 - 7	105	3	0 - 12
Neuropsychiatric/Sensory Disease	72	4	0 - 25	100	5	0 - 17
Urologic Disease	27	7	0 - 85	29	3	0 - 36

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	436
Ownership/Control:	Local Government

STAFFING

Interns and Residents:	227
Registered Nurses:	701
Licensed Practical Nurses:	92

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	Yes
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

AM-0106

CITY OF BOSTON
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

Tel. No. ____________________

October 21, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Attached is Boston City Hospital's response to the HCFA Mortality data.

If you have any questions do not hesitate to call my office at (617) 424-5423.

Sincerely,

Maxine E Kessler

Maxine E. Kessler
Administrative Director
Medical Affairs

CITY OF BOSTON
DEPARTMENT OF HEALTH AND HOSPITALS

818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

1864

Tel. No. ____________________

Boston City Hospital

Hospital ID 220104

Boston City Hospital has reviewed its mortality statistics for 1987. In all categories, the mortality rates fell well within the predicted range. In fact, in 13 of 16 specific categories representing 94.5% of the cases reported, the rates fell well below the mean. In 2 of the 3 categories in which the rate was above the mean, the sample size was extremely small (Infectious Disease - 5 cases, Gastrointestinal Catstrophies - 11 cases), however, the Quality Assurance Department is investigating these cases.

Boston City Hospital's favorable mortality rates are attributable to an ongoing quality assurance program which is designed to systematically monitor the quality of patient care. The information is reviewed monthly by a multidisciplinary committee and reported to the Board of Trustees and the Medical Executive Committee.

BRIGHAM AND WOMAN'S HOSPITAL

75 FRANCIS ST
BOSTON, MA 02115

Medicare Hospital Provider Number: 220110

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,310	7	8 - 11	3,254	7	7 - 11
Cancer	111	15	29 - 49	107	27	29 - 50
Cerebrovascular Accidents	81	14	19 - 36	62	19	15 - 36
Gastrointestinal Catastrophes	23	43	16 - 58	14	36	14 - 63
Infectious Disease	21	33	18 - 59	17	47	20 - 66
Metabolic/Electrolyte Disorders	29	17	12 - 45	18	6	10 - 42
Pulmonary Disease	86	23	17 - 38	81	20	18 - 39
Renal Failure	16	13	5 - 59	27	11	11 - 59
Severe Acute Heart Disease	82	26	27 - 48	71	31	26 - 49
Severe Chronic Heart Disease	117	20	17 - 33	90	12	16 - 32
Severe Trauma	12	25	10 - 61	16	38	11 - 60
Gastrointestinal Disease	139	3	1 - 9	131	2	1 - 7
Gynecologic Disease	58	0	0 -100	64	0	0 - 54
Low-Risk Heart Disease	493	7	2 - 7	524	5	2 - 7
Musculoskeletal/Skin Conditions	579	2	0 - 4	562	1	1 - 4
Neuropsychiatric/Sensory Disease	104	0	0 - 7	122	2	0 - 11
Urologic Disease	80	1	0 - 14	81	4	0 - 17

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 720
Occupancy Rate (%): 84
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 614
Percent of Physicians Who Are Board Certified Specialists: 0
Interns and Residents: 315
Registered Nurses: 1,149
Licensed Practical Nurses: 71

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: Yes
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: Yes
Organ Transplant Service: Yes
Hospice Care: No

BROCKTON HOSPITAL

680 CENTER STREET
BROCKTON, MA 02402

Medicare Hospital Provider Number: 220052

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,048	13	13 - 17	2,183	15	14 - 19
Cancer	104	36	32 - 55	150	39	33 - 54
Cerebrovascular Accidents	75	17	19 - 38	83	24	19 - 39
Gastrointestinal Catastrophes	24	38	19 - 60	33	45	23 - 60
Infectious Disease	18	28	14 - 57	30	37	22 - 58
Metabolic/Electrolyte Disorders	49	22	17 - 47	74	14	16 - 40
Pulmonary Disease	143	31	20 - 38	180	28	21 - 38
Renal Failure	6	33	12 - 82	9	22	8 - 71
Severe Acute Heart Disease	88	41	30 - 53	110	37	32 - 53
Severe Chronic Heart Disease	131	21	16 - 32	113	24	16 - 33
Severe Trauma	4	0	7 - 73	5	0	8 - 66
Gastrointestinal Disease	152	3	1 - 9	143	5	1 - 10
Gynecologic Disease	17	6	0 -100	21	0	0 -100
Low-Risk Heart Disease	238	2	2 - 7	217	4	2 - 8
Musculoskeletal/Skin Conditions	146	5	1 - 11	163	5	1 - 10
Neuropsychiatric/Sensory Disease	63	3	1 - 16	63	6	0 - 24
Urologic Disease	60	0	0 - 23	57	0	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	301
Occupancy Rate (%):	82
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	152
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	0
Registered Nurses:	331
Licensed Practical Nurses:	29

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Brockton Hospital

680 Centre Street
Brockton, Massachusetts
02402-3395

508-586-2600

October 26, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Health Standards & Quality Bureau
Hospital Mortality Information
P.O. Box 26684
Baltimore, MD 21207

Dear Dr. Roper:

Brockton Hospital has reviewed the mortality statistics for Medicare patients prepared by the Department of Health and Human Services and is pleased, but not surprised, to find that in all areas mortality statistics fall well within predicted ranges. Review of all in-hospital mortality, regardless of the patient's payment source, has been and will remain a mainstay of the Peer Review Process of Brockton Hospital.

While it is understood that these statistics may be an indicator of quality issues, Brockton Hospital is, nonetheless, concerned that dissemination of this material to the public at large can give rise to inappropriate comparisons among facilities whose patient mix, in terms of prior medical care, age, severity of illness, socio-economic status, etc. may be not all comparable. Thus while this information is of potential value to clinicians, administrators and quality assurance personnel, its dispersal to the general public is viewed with caution and concern.

Sincerely,

James P. Fitzgerald

James P. Fitzgerald
Executive Vice President

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BROOKLINE HOSP

165 CHESTNUT ST
BROOKLINE, MA 02146

Medicare Hospital Provider Number: 220009

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	289	9	11 - 19	236	6	6 - 14
Cancer	11	55	25 - 79	3	33	8 - 89
Cerebrovascular Accidents	4	25	3 - 80	5	0	6 - 63
Gastrointestinal Catastrophes	4	25	13 - 86	0	-	-
Infectious Disease	3	67	9 - 90	0	-	-
Metabolic/Electrolyte Disorders	8	38	9 - 71	5	0	4 - 64
Pulmonary Disease	23	26	18 - 55	8	0	6 - 49
Renal Failure	1	0	1 - 97	0	-	-
Severe Acute Heart Disease	3	33	5 - 86	5	60	13 - 83
Severe Chronic Heart Disease	13	8	13 - 49	17	18	13 - 51
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	19	0	0 - 36	18	11	0 - 91
Gynecologic Disease	3	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	26	4	0 - 32	21	5	0 - 46
Musculoskeletal/Skin Conditions	45	2	0 - 26	55	4	0 - 21
Neuropsychiatric/Sensory Disease	12	0	1 - 44	12	0	0 - 91
Urologic Disease	13	0	0 - 99	10	0	0 - 96

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	56
Occupancy Rate (%):	27
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	44
Percent of Physicians Who Are Board Certified Specialists:	93
Interns and Residents:	2
Registered Nurses:	65
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

BURBANK HOSP

NICHOLS RD
FITCHBURG, MA 01420

Medicare Hospital Provider Number: 220001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,461	12	10 - 14	1,289	14	10 - 15
Cancer	72	54	30 - 56	66	47	28 - 55
Cerebrovascular Accidents	55	29	16 - 41	39	26	15 - 44
Gastrointestinal Catastrophes	19	16	12 - 51	9	56	7 - 68
Infectious Disease	19	26	16 - 57	11	45	16 - 71
Metabolic/Electrolyte Disorders	21	19	9 - 48	12	25	4 - 58
Pulmonary Disease	60	28	13 - 38	62	27	13 - 38
Renal Failure	10	40	13 - 76	12	58	11 - 73
Severe Acute Heart Disease	60	35	28 - 53	59	47	26 - 53
Severe Chronic Heart Disease	83	19	15 - 33	65	26	16 - 38
Severe Trauma	3	0	2 - 80	1	100	0 - 98
Gastrointestinal Disease	154	1	1 - 7	117	4	1 - 12
Gynecologic Disease	15	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	164	3	1 - 8	128	2	1 - 8
Musculoskeletal/Skin Conditions	160	3	1 - 9	126	2	1 - 8
Neuropsychiatric/Sensory Disease	60	8	0 - 50	62	3	0 - 21
Urologic Disease	38	3	0 - 76	36	0	1 - 16

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	182
Occupancy Rate (%):	68
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	89
Percent of Physicians Who Are Board Certified Specialists:	91
Interns and Residents:	0
Registered Nurses:	120
Licensed Practical Nurses:	32

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Burbank Hospital
Nichols Road
Fitchburg, Massachusetts 01420
508/343-5000

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

Burbank Hospital has carefully reviewed the latest Health Care Financing Administration (HCFA) report on mortality rates for acute care hospitals treating Medicare patients in 1987. Burbank Hospital officials are once again pleased with Burbank Hospital's performance in relation to the HCFA predicted rates of mortality for Medicare patients

HCFA's efforts to restructure the report to provide comparative data for 1986 and 1987 are appreciated. Statistical comparisons are especially useful in not only assisting hospitals to focus on aberrances and ensure that there are valid, acceptable reasons for those differences, but also identifying and resolving any problems that may exist.

However, Burbank Hospital feels that the foundation for this report, the 1987 AHA Survey, needs clarification, inasmuch as the following characteristics were omitted from that survey. In 1987, Burbank Hospital, a privately-owned, not-for-profit institution, had 118 medical-surgical beds in operation with an occupancy of seventy-six percent (76%). Of its eighty-nine (89) active members of the medical-dental staff, ninety-one (91%) are Board certified specialists. The highly regarded care delivered by Burbank Hospital is due to its 1:1 ratio of registered nurses to operational beds, and the cumulative efforts of eight (8) family practice residents and over forty (40) licensed practical nurses. In addition, Burbank Hospital is recognized as the regional trauma center and had a mixed intensive care/coronary care unit of twenty-two (22) beds. Finally, Burbank Hospital is in total compliance with the Joint Commission's standards for organ placement and transplant services via its contract with the New England Organ Bank, Inc., Boston, Massachusetts.

VHA.
Member of Voluntary Hospitals of America, Inc.

It is again important for us to note that special care should be employed to avoid inaccurate conclusions based on insufficient information. The one important factor limiting the usefulness of this information is that severity of illness was not considered. This is especially relevant in Burbank's case, since we serve as a regional referral center for programs in oncology, gerontology, renal dialysis, and emergency medicine, attracts more severely ill patients. That attribute underscores the significance of Burbank Hospital's favorable position within the acceptable ranges predicted by HCFA for the categories listed in this report.

Sincerely,

William J. Williams
President

WJW/sjw

copy: Chairman, Board of Trustees
President, Medical/Dental Staff
Department Chairpersons

CAPE COD HOSP

27 PARK ST
HYANNIS, MA 02601

Medicare Hospital Provider Number: 220012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,986	13	11 - 14	3,977	12	11 - 15
Cancer	141	35	29 - 50	166	42	32 - 53
Cerebrovascular Accidents	192	37	19 - 35	215	20	21 - 34
Gastrointestinal Catastrophes	48	27	19 - 50	43	26	18 - 49
Infectious Disease	40	22	17 - 47	43	23	22 - 52
Metabolic/Electrolyte Disorders	52	35	14 - 45	53	26	12 - 41
Pulmonary Disease	155	26	16 - 33	172	27	17 - 34
Renal Failure	25	24	19 - 68	29	31	20 - 71
Severe Acute Heart Disease	182	38	30 - 47	195	34	31 - 47
Severe Chronic Heart Disease	230	23	17 - 30	231	18	19 - 31
Severe Trauma	13	38	8 - 61	9	11	14 - 64
Gastrointestinal Disease	297	3	1 - 6	267	6	1 - 8
Gynecologic Disease	28	0	0 -100	23	0	0 -100
Low-Risk Heart Disease	526	2	2 - 6	551	2	2 - 5
Musculoskeletal/Skin Conditions	285	2	1 - 6	253	4	1 - 7
Neuropsychiatric/Sensory Disease	102	9	1 - 17	98	4	0 - 14
Urologic Disease	184	1	0 - 8	183	2	0 - 7

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	228
Occupancy Rate (%):	83
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	109
Percent of Physicians Who Are Board Certified Specialists:	84
Interns and Residents:	0
Registered Nurses:	219
Licensed Practical Nurses:	30

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

CAPE COD HOSPITAL

P.O. Box 640 27 Park Street Hyannis, MA 02601
(508) 771-1800 FAX: (508) 790-1122

Office of the President
James F. Lyons

October 21, 1988

William L. Roper, M.D.
Administrator
Department of Health and Human Services
Hospital Mortality Information
P.O. Box 26684
Baltimore MD 21207

Dear Doctor Roper: RE: MEDICARE PROVIDER NO. 220012

We have reviewed the 1987 mortality statistics for our hospital provided by HCFA. We note that our hospital's adult mortality rates fall within the "range of predicted mortality rates" for all causes of deaths. We assume that this is good, but are cautious in drawing any firm conclusions from it. We believe that we are delivering high quality care but base that conviction upon evidence more compelling than this data.

As you know, the data represents only selected conditions, mixes surgical and medical patients in the same category, and is uncorrected for severity of illness (except for "transfer" and eight categories of co-morbidities.) The wide range of predicted rates of 0 percent to 100 percent suggests the pitfalls in drawing conclusions from this data.

At best, the data could be helpful in focusing our own quality assurance review efforts toward conditions in which we deviated from the predicted. Since we had no such deviations, this data does not accomplish that for us.

Our hospital's medical staff quality assurance review includes:

1. medical death review
2. surgical mortality and morbidity review
3. surgical case review (indications for surgery)
4. code call review and
5. perinatal morality review.

These regular reviews are supplemented with special studies such as indications for cesarian sections, indications for use of blood products, indications for and complications from endoscopy procedures, etc. Our review is organized along specialty lines and our hospital information system is organized along DRG lines, so that it would not be a simple process to refocus the review to the HCFA data which, as noted above, mixes various specialties and various DRGs.

Because of the different organizations of the HCFA data, it was difficult for us to check the accuracy of data totals with readily available hospital statistics. We can check for accuracy on individual cases, and did so on a small selection of cases.

In summary, we are tempted to herald this data as further confirmation of our good work, but we know deep down that such faith in this data is not warranted. Since our goal is to be the best, and not just to be "within the average range," we will continue uabatedly in our efforts to ensure the highest quality of care possible for all patients in our community.

Sincerely,

James F. Lyons

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CARDINAL CUSHING GEN HOSP

235 N PEARL ST
BROCKTON, MA 02401

Medicare Hospital Provider Number: 220156

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,062	14	12 - 16	2,020	13	12 - 16
Cancer	60	47	28 - 56	66	24	27 - 52
Cerebrovascular Accidents	94	23	17 - 36	104	20	19 - 36
Gastrointestinal Catastrophes	8	38	9 - 70	19	42	17 - 62
Infectious Disease	15	27	17 - 62	11	27	16 - 68
Metabolic/Electrolyte Disorders	68	50	19 - 48	61	34	16 - 45
Pulmonary Disease	128	33	19 - 39	122	31	20 - 39
Renal Failure	9	56	10 - 75	21	57	20 - 74
Severe Acute Heart Disease	94	35	29 - 50	88	36	28 - 50
Severe Chronic Heart Disease	145	26	18 - 34	123	24	18 - 35
Severe Trauma	6	67	3 - 74	12	8	10 - 53
Gastrointestinal Disease	138	3	1 - 9	110	5	1 - 12
Gynecologic Disease	8	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	259	3	1 - 6	235	4	1 - 7
Musculoskeletal/Skin Conditions	205	3	2 - 8	193	2	2 - 7
Neuropsychiatric/Sensory Disease	44	2	2 - 16	52	4	1 - 18
Urologic Disease	55	0	0 - 30	73	0	0 - 9

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	275
Occupancy Rate (%):	69
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	168
Percent of Physicians Who Are Board Certified Specialists:	84
Interns and Residents:	0
Registered Nurses:	174
Licensed Practical Nurses:	81

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

CARNEY HOSPITAL

2100 DORCHESTER AVE
BOSTON, MA 02124

Medicare Hospital Provider Number: 220017

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,710	12	12 - 16	2,559	12	12 - 16
Cancer	96	42	31 - 55	104	48	35 - 58
Cerebrovascular Accidents	118	17	21 - 37	103	27	19 - 38
Gastrointestinal Catastrophes	36	33	23 - 58	19	26	15 - 57
Infectious Disease	28	29	21 - 57	36	28	22 - 55
Metabolic/Electrolyte Disorders	68	32	12 - 41	54	17	10 - 37
Pulmonary Disease	170	22	19 - 35	151	24	19 - 36
Renal Failure	12	42	9 - 70	14	29	12 - 70
Severe Acute Heart Disease	121	33	30 - 50	131	36	33 - 52
Severe Chronic Heart Disease	125	19	18 - 34	122	25	16 - 33
Severe Trauma	5	40	6 - 78	8	38	4 - 69
Gastrointestinal Disease	178	5	1 - 10	162	2	1 - 8
Gynecologic Disease	12	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	274	1	2 - 6	244	1	2 - 6
Musculoskeletal/Skin Conditions	297	2	1 - 6	279	0	1 - 4
Neuropsychiatric/Sensory Disease	90	4	1 - 15	120	3	1 - 10
Urologic Disease	75	0	1 - 8	74	1	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	339
Occupancy Rate (%):	82
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	308
Percent of Physicians Who Are Board Certified Specialists:	66
Interns and Residents:	47
Registered Nurses:	320
Licensed Practical Nurses:	9

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

CENTRAL HOSP

26 CENTRAL ST
SOMERVILLE, MA 02143

Medicare Hospital Provider Number: 220068

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	181	1	1 - 6	257	7	4 - 12
Cancer	0	-	-	0	-	-
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	2	50	3 - 92
Metabolic/Electrolyte Disorders	0	-	-	9	11	6 - 57
Pulmonary Disease	1	0	2 - 97	13	54	13 - 64
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	3	33	8 - 88
Severe Chronic Heart Disease	0	-	-	5	40	5 - 77
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	2	0	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	1	0	0 -100	2	0	0 -100
Musculoskeletal/Skin Conditions	1	0	0 -100	0	-	-
Neuropsychiatric/Sensory Disease	175	0	0 - 5	197	0	1 - 5
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	93
Occupancy Rate (%):	74
Ownership/Control:	Private, For Profit

STAFFING

Total Number of Physicians:	44
Percent of Physicians Who Are Board Certified Specialists:	68
Interns and Residents:	0
Registered Nurses:	34
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CHARLTON MEM HOSP

363 HIGHLAND AVENUE
FALL RIVER, MA 02720

Medicare Hospital Provider Number: 220055

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,186	11	11 - 15	3,308	12	11 - 15
Cancer	87	48	30 - 55	117	40	31 - 54
Cerebrovascular Accidents	132	23	19 - 35	131	31	19 - 37
Gastrointestinal Catastrophes	25	32	23 - 63	28	36	15 - 54
Infectious Disease	49	24	22 - 50	60	38	22 - 51
Metabolic/Electrolyte Disorders	77	17	12 - 37	46	20	9 - 38
Pulmonary Disease	174	21	18 - 34	174	21	17 - 33
Renal Failure	11	64	14 - 75	6	67	11 - 82
Severe Acute Heart Disease	175	26	30 - 46	215	36	32 - 48
Severe Chronic Heart Disease	230	23	17 - 30	181	23	16 - 30
Severe Trauma	6	17	6 - 70	7	43	3 - 72
Gastrointestinal Disease	255	4	1 - 7	226	4	1 - 8
Gynecologic Disease	36	3	0 -100	42	0	0 -100
Low-Risk Heart Disease	376	4	2 - 6	403	3	2 - 6
Musculoskeletal/Skin Conditions	258	2	1 - 6	307	2	1 - 5
Neuropsychiatric/Sensory Disease	66	3	0 - 19	66	0	0 - 12
Urologic Disease	137	1	0 - 9	120	0	0 - 6

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	279
Occupancy Rate (%):	87
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	150
Percent of Physicians Who Are Board Certified Specialists:	47
Interns and Residents:	0
Registered Nurses:	235
Licensed Practical Nurses:	59

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CHOATE SYMMES HOSPITALS, INC.

21 WARREN AVE
WOBURN, MA 01801

Medicare Hospital Provider Number: 220053

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,470	12	12 - 16	2,570	13	13 - 17
Cancer	83	54	35 - 60	103	50	35 - 59
Cerebrovascular Accidents	104	26	20 - 38	107	26	21 - 39
Gastrointestinal Catastrophes	25	32	13 - 53	20	45	20 - 64
Infectious Disease	29	34	23 - 60	43	21	19 - 49
Metabolic/Electrolyte Disorders	95	18	15 - 39	102	25	16 - 40
Pulmonary Disease	153	29	21 - 39	163	26	19 - 36
Renal Failure	6	17	8 - 75	12	75	20 - 79
Severe Acute Heart Disease	135	36	31 - 50	140	30	33 - 50
Severe Chronic Heart Disease	124	23	18 - 34	117	25	18 - 35
Severe Trauma	0	-	-	4	0	5 - 72
Gastrointestinal Disease	167	1	1 - 7	157	2	2 - 8
Gynecologic Disease	14	7	0 -100	17	0	0 -100
Low-Risk Heart Disease	211	2	2 - 7	233	3	2 - 8
Musculoskeletal/Skin Conditions	268	2	1 - 6	270	2	2 - 6
Neuropsychiatric/Sensory Disease	86	3	0 - 14	106	3	1 - 10
Urologic Disease	105	2	0 - 13	84	4	0 - 18

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	268
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	220
Licensed Practical Nurses:	16

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	Yes

CHOATE SYMMES HEALTH SERVICES

21 WARREN AVENUE • WOBURN, MASSACHUSETTS 01801 • 617-933-6700 • FAX Ext. 4222

MEDICARE PROVIDER #220053

RE: Choate-Symmes Response to HCFA Mortality Data

DATE: October 24, 1988

Choate-Symmes Hospitals, Inc. has received selected mortality information about Medicare patients treated in 1987 from the Health-Care Financing Administration.

We are a community hospital caring, among others, for our families, friends, and neighbors. We take care to provide to each individual in need of our services the highest standard of professional care. In order to insure each patient the highest quality care we are committed to ongoing analysis of our performance, making changes when necessary.

Choate-Symmes Hospitals has a comprehensive and complex Quality Assurance Program. All clinical disciplines within the hospital are required to constantly monitor the services they provide. In addition, there are hospital-wide systems in place to monitor quality; these include patient complaint systems and screening mechanisms. This process is coordinated by a Quality Assurance Committee that meets regularly and is overseen by the Hospital's Board of Trustees.

Multiple sources are used to compile information about patient care in our Hospitals which is reviewed on an ongoing basis. We welcome the HCFA Data as interesting feedback from yet another potential source of useful information.

Although the exact relevance of this data is unclear at this time, we are pleased to have compared so favorably in it. We will continue to study the information for its usefulness in managing our system and to the care we provide.

We would like to make one correction to the hospital characteristics that were given. We offer coronary care services at each of our hospital divisions (Choate and Symmes). This specialized care is provided within our discreet Coronary/Intensive Care Units. The data currently is being reviewed for accuracy; interested parties can request accurate data by contacting the office of the President.

Any questions should be directed to the Office of the President, Paul L. Downey.

CLINTON HOSP ASSN

201 HIGHLAND ST
CLINTON, MA 01510

Medicare Hospital Provider Number: 220058

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	413	13	12 - 19	405	13	12 - 20
Cancer	8	25	16 - 73	8	63	22 - 82
Cerebrovascular Accidents	18	11	14 - 47	21	29	16 - 54
Gastrointestinal Catastrophes	6	33	9 - 75	1	0	1 - 97
Infectious Disease	7	29	6 - 69	11	0	16 - 50
Metabolic/Electrolyte Disorders	12	17	6 - 54	16	6	8 - 43
Pulmonary Disease	44	23	19 - 46	51	20	16 - 41
Renal Failure	5	60	14 - 88	3	100	12 - 88
Severe Acute Heart Disease	14	36	20 - 68	18	33	19 - 62
Severe Chronic Heart Disease	25	24	16 - 50	33	30	18 - 50
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	28	7	0 - 52	21	0	0 - 37
Gynecologic Disease	2	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	45	0	1 - 11	54	2	1 - 15
Musculoskeletal/Skin Conditions	36	3	0 - 52	41	2	1 - 20
Neuropsychiatric/Sensory Disease	15	0	0 - 90	4	0	0 -100
Urologic Disease	7	0	0 -100	4	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	58
Occupancy Rate (%):	35
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	21
Percent of Physicians Who Are Board Certified Specialists:	52
Interns and Residents:	0
Registered Nurses:	53
Licensed Practical Nurses:	10

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

COMMUNITY OF CARE

The Clinton Hospital

CLINTON. MASSACHUSETTS 01510 TEL. (617) 365-4531

FREDERICK R. BOSS
President

October 17, 1988

Medicare ID #: 220058

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Attention: Sandra Kappert

Dear Ms. Kappert:

The Clinton Hospital is committed to the delivery of quality healthcare. As we strive to maintain this goal for our patients, HCFA's efforts to devise methods of quality measurement at our facility can be helpful in assisting us.

We have reviewed the mortality information prepared by HCFA and with assistance from Administration, Medical Records, Quality Assurance and, in particular, Medical Staff personnel, submit our findings and comments.

Clinton Hospital maintains ongoing programs of Quality Assurance and Patient Care Assessment. From admission to discharge, and even after with continuing care planning, Hospital departments and Medical Staff are measuring and evaluating patient care. Mechanisms are in place to provide immediate intervention if there is ever any question of care being delivered that is not consistent with current standards.

In addition to this concurrent mmonitoring, retrospective review systems provide a secondary level for review and evaluation. One component of these systems provides for full evaluation of all Hospital mortalities on a monthly basis. For all the cases reviewed in 1987, no quality of care issues were identified. Factors such as age, illness type and severity, comorbid conditions, and the patient's expressed wishes for extent of treatment have all been considered and indicated that care rendered could not have altered the outcome.

HCFA's data is supportive of our findings. The system utilized in their mortality predictions include many of the same factors as Clinton Hospital's In all diagnostic categories presented, our Hospital's actual mortality rate is well within HCFA's predicted range for our specific patient population. Although HCFA's data certainly cannot be viewed as a full quality of care measurement, it does provide one tool that supports our own quality assurance findings.

Continued.........

Clinton Hospital will continue its efforts to assure quality care for our patients. We appreciate this opportunity to review and respond to HCFA's Mortality Information.

Sincerely,

Frederick R. Boss
President

FRB/nem

COOLEY DICKINSON HOSP

30 LOCUST ST
NORTHAMPTON, MA 01060

Medicare Hospital Provider Number: 220015

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,909	11	11 - 15	1,853	12	11 - 16
Cancer	64	31	28 - 54	78	47	31 - 57
Cerebrovascular Accidents	92	22	19 - 37	73	33	18 - 41
Gastrointestinal Catastrophes	15	27	14 - 60	15	53	16 - 66
Infectious Disease	33	30	22 - 56	25	28	21 - 59
Metabolic/Electrolyte Disorders	34	18	11 - 43	27	19	9 - 44
Pulmonary Disease	118	14	18 - 34	142	15	17 - 33
Renal Failure	11	36	18 - 79	7	43	15 - 84
Severe Acute Heart Disease	72	38	29 - 53	80	45	27 - 51
Severe Chronic Heart Disease	102	19	17 - 33	91	18	14 - 32
Severe Trauma	3	33	4 - 86	0	-	-
Gastrointestinal Disease	117	2	1 - 8	121	3	1 - 10
Gynecologic Disease	15	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	153	2	2 - 8	149	4	1 - 9
Musculoskeletal/Skin Conditions	211	2	1 - 6	190	2	1 - 7
Neuropsychiatric/Sensory Disease	45	7	0 - 37	63	6	0 - 28
Urologic Disease	74	3	0 - 14	44	0	0 - 15

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	189
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	122
Percent of Physicians Who Are Board Certified Specialists:	64
Interns and Residents:	0
Registered Nurses:	174
Licensed Practical Nurses:	47

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	Yes

The Cooley Dickinson Hospital, Inc.

30 Locust Street
Northampton,
MA 01060-9990
(413)584-4090

October 21, 1988

PROVIDER #220015

Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Sirs,

We have received and reviewed HCFA mortality data for the 1987 calendar year. We have some corrections for the hospital characteristics (1986 survey) reported. Specifically, while we did have 134 medical-surgical beds, our total beds (without bassinets) was 189. We did have 102 physicians on our "active" staff with many others on consulting and courtesy staff. However, 64% of our active staff (not 49%) were Board Certified Specialists. Finally, we did then and still do have a Coronary Care Unit.

As for the mortality data, we understand that the report has no hospital performance relevance since mortality rates and ranges vary from year to year. We also know from the past that reasons for death may be unrelated to diagnostic categories assigned from hospitalization. We did not specifically validate mortality data this year. We did note that our actual mortality rates are below or at the low end of ranges for predicted mortality across all categories. We further note that your report shows the average age of death for our hospital is 81 and that 35% of deaths reported were for patients age 85 or older.

Finally, all hospital deaths undergo review through our hospital wide quality assurance program. We continue to monitor, evaluate, plan improvements and implement changes in guaranteeing a well credentialled medical staff and strong patient care assessment program. We stand dedicated to providing efficient and effective services to all who need our care.

Sincerely,

Jeffrey J. Graham
Vice President

DANA-FARBER CANCER INST INC

44 BINNEY ST
BOSTON, MA 02115

Medicare Hospital Provider Number: 220162

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	119	30	30 - 47	124	30	31 - 47
Cancer	78	33	38 - 63	78	31	40 - 65
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	1	100	1 - 97	0	-	-
Pulmonary Disease	1	0	0 -100	0	-	-
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	0	-	-
Gynecologic Disease	0	-	-	1	0	0 -100
Low-Risk Heart Disease	3	0	0 -100	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	0	-	-	0	-	-
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	57
Occupancy Rate (%):	(not available)
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

DANA-FARBER
CANCER INSTITUTE

THE JIMMY FUND

44 Binney Street, Boston, MA 02115

RHEA MARGULIES
Director of Planning
617-732-3457

October 14, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Baltimore, MD 21207

Ladies and Gentlemen:

Thank you for the opportunity to comment on the Dana-Farber Cancer Institute's 1986 and 1987 Medicare mortality data. We were interested to note that both years show an actual mortality rate below the predicted ranges for the cancer diagnostic category.

We would like to comment on four of the five cases reported in three specific non-cancer disease classes and the thirty-six cases reported in the "All Other Disease" class. All of the patients were under active treatment for cancer, yet they were assigned to non-cancer diagnostic categories. It appears that they were classified based on their secondary discharge diagnosis; their primary diagnosis was cancer. Because we don't have the details of the assignment system, we can't determine why this took place or whether it was valid.

We would also like to correct certain of the data extracted from the 1986 AHA survey:

1. The Institute employed no licensed practical nurses in 1986.
2. Total full-time physician staff is 20, 95% of whom are Board Certified in Internal Medicine and 85% of whom are Board Certified in Hematology-Oncology.

Yours truly,

Rhea Margulies

Rhea Margulies
Director of Planning

EMERSON HOSP

OLD RD TO 9 ACRE CORNER
CONCORD, MA 01742

Medicare Hospital Provider Number: 220084

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,334	10	11 - 15	1,370	12	10 - 15
Cancer	56	23	25 - 50	55	51	27 - 56
Cerebrovascular Accidents	76	22	19 - 39	84	33	19 - 41
Gastrointestinal Catastrophes	10	40	8 - 66	10	40	9 - 66
Infectious Disease	13	23	17 - 64	14	14	13 - 55
Metabolic/Electrolyte Disorders	29	38	14 - 52	16	19	7 - 51
Pulmonary Disease	61	16	16 - 37	54	30	13 - 40
Renal Failure	3	33	10 - 92	2	100	5 - 90
Severe Acute Heart Disease	56	34	27 - 53	51	35	28 - 56
Severe Chronic Heart Disease	60	15	14 - 34	61	16	17 - 37
Severe Trauma	4	0	4 - 71	2	0	2 - 89
Gastrointestinal Disease	86	1	1 - 9	120	2	1 - 8
Gynecologic Disease	18	0	0 -100	16	0	0 -100
Low-Risk Heart Disease	150	3	2 - 9	150	3	2 - 8
Musculoskeletal/Skin Conditions	130	5	1 - 11	133	1	1 - 6
Neuropsychiatric/Sensory Disease	69	4	1 - 17	84	4	0 - 18
Urologic Disease	34	0	0 - 41	53	2	0 - 30

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	221
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	154
Percent of Physicians Who Are Board Certified Specialists:	16
Interns and Residents:	0
Registered Nurses:	227
Licensed Practical Nurses:	31

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Emerson
Hospital

Rina K. Spence
President

Medicare Provider #220084

Old Road to Nine Acre Corner
Concord, MA 01742
(617) 369-1400

October 21, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health and Human Services
Washington, D.C. 20201

Dear Dr. Roper:

Thank you for your letter of September 15, 1988, which reports the mortality data for Medicare patients admitted to Emerson Hospital during 1987.

The mortality table shows a list of selected diagnoses, the number of patients admitted to Emerson Hospital in each category over the course of the year, the percentage of patients who died within 30 days after their last admission to Emerson Hospital in 1987, and a range of predicted mortality rates based on a mathematical model.

Emerson has reviewed the data reported by HCFA and, with one exception, which we have noted in an addendum to this letter, the information reflects accurately the deaths that occurred within Emerson Hospital.

Emerson Hospital agrees with the Health Care Financing Administration that mortality data does not provide a definitive measurement of the quality of care a hospital delivers. Nonetheless, Emerson is gratified to learn that in every one of the 16 categories measured, the actual mortality rates for Emerson Hospital were either below or within the range of mortality rates that were predicted.

Emerson continues to believe that information about mortality rates can be a useful tool in helping a hospital identify or suggest areas for review. We also feel that mortality rates can assist our physicians in analyzing practice patterns and reinforce our process of peer review.

Consistent with our mission to deliver medical services in the highest quality manner, Emerson has a quality assurance/risk management program that continually monitors and pursues all opportunities to improve patient care, resolves identified problems, strengthens the process of physician credentialing and employs measures to prevent substandard practice. In addition, physicians on the Emerson Hospital medical staff meet on a regular basis to review the care of patients who die.

Although Emerson Hospital recognizes that models are still evolving to more accurately measure the quality of hospital care, Emerson welcomes publication of mortality data because it can assist members of the public by encouraging them to ask questions of hospitals and their physicians. We believe this, in turn, will enable people to make more informed decisions about their health care.

Finally, we would like to correct several errors that appear under "Hospital Characteristics" for Emerson Hospital. The number of licensed beds at Emerson is 221, not 107 as stated; the total number of physicians on our active medical staff is 158, not 146; the percentage of physicians who are board certified is 73, not 64; and the number of registered nurses per operational bed is 2.24, not 2.06.

Also, under "Specialty Services," it is reported that Emerson Hospital does not have either a coronary care unit or a hospice care program. We have both a coronary care unit and a hospice program.

Thank you for correcting the record in these instances.

Sincerely,

Rina K. Spence
President and Chief Executive
Officer

RKS:jq

FAIRLAWN HOSP INC

189 MAY ST
WORCESTER, MA 01602

Medicare Hospital Provider Number: 220072

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	337	14	8 - 17	403	13	9 - 17
Cancer	9	44	17 - 75	14	50	20 - 70
Cerebrovascular Accidents	8	50	9 - 70	6	33	6 - 73
Gastrointestinal Catastrophes	2	50	2 - 92	0	-	-
Infectious Disease	6	33	5 - 73	3	100	12 - 84
Metabolic/Electrolyte Disorders	16	13	5 - 46	19	21	11 - 52
Pulmonary Disease	21	43	16 - 57	22	41	14 - 55
Renal Failure	3	67	9 - 92	8	38	16 - 83
Severe Acute Heart Disease	9	56	12 - 70	6	50	14 - 81
Severe Chronic Heart Disease	13	23	8 - 55	20	10	12 - 42
Severe Trauma	0	-	-	1	0	0 - 97
Gastrointestinal Disease	10	0	0 - 96	27	0	0 - 24
Gynecologic Disease	2	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	24	4	0 - 71	30	0	0 - 20
Musculoskeletal/Skin Conditions	24	0	0 - 51	48	2	0 - 18
Neuropsychiatric/Sensory Disease	21	5	0 - 96	17	0	0 - 91
Urologic Disease	32	3	0 - 93	17	0	0 - 62

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	50
Occupancy Rate (%):	39
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	58
Percent of Physicians Who Are Board Certified Specialists:	0
Interns and Residents:	0
Registered Nurses:	59
Licensed Practical Nurses:	17

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

FAIRVIEW HOSPITAL

29 LEWIS AVE
GREAT BARRINGTON, MA 01230

Medicare Hospital Provider Number: 220038

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	489	13	12 - 18	542	14	11 - 17
Cancer	14	57	17 - 67	8	88	27 - 78
Cerebrovascular Accidents	23	17	14 - 46	19	26	16 - 56
Gastrointestinal Catastrophes	5	40	7 - 79	5	20	18 - 85
Infectious Disease	6	50	14 - 81	10	50	13 - 70
Metabolic/Electrolyte Disorders	10	0	18 - 55	12	50	5 - 61
Pulmonary Disease	43	21	18 - 45	54	22	17 - 42
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	28	36	22 - 57	22	41	22 - 62
Severe Chronic Heart Disease	33	30	10 - 42	23	9	12 - 39
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	33	0	1 - 16	45	9	1 - 26
Gynecologic Disease	4	25	0 -100	4	0	0 -100
Low-Risk Heart Disease	43	0	0 - 16	63	5	1 - 18
Musculoskeletal/Skin Conditions	61	0	1 - 9	52	6	0 - 54
Neuropsychiatric/Sensory Disease	11	0	0 - 89	14	0	0 - 98
Urologic Disease	18	0	0 - 83	19	0	0 - 79

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	40
Occupancy Rate (%):	70
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	37
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	0
Registered Nurses:	58
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Fairview
Hospital
BERKSHIRE HEALTH SYSTEMS
29 Lewis Avenue
Great Barrington, MA 01230
(413) 528-0790

Hospital ID: 220038
October 24, 1988

COMMENTS ON MEDICARE HOSPITAL MORTALITY INFORMATION
FAIRVIEW HOSPITAL

As one indicator of patient care quality, Fairview Hospital's mortality rate for Medicare patients was calculated by the Health Care Financing Administration and compared to predicted averages based on the hospital's mix of patient characteristics, the 1987 mortality rate overall was 13% (n=61) for all Medicare patients dying within 30 days of admission, a decline of one percentage point from 1986. In both years, actual mortality rates fell within the expected percentage range.

Mortality rates and expected ranges were also calculated for sixteen diagnostic categories. In each of the categories except cancer, Fairview's mortality rate was within the accepted range. Cancer mortality which was higher than expected in 1986 fell within the norms calculated by HCFA in 1987. A higher than average cancer mortality rate or high end of the range figure may be related to the small number of cases or the relatively old average age of Medicare patients at Fairview Hospital.

In 1987, the average age at Fairview of Medicare patients who died within 30 days of their last 1987 discharge was 82 years old. This compares to an average life expectancy of 78 years for women and 71 years for men. Based on the relationships between cancer and age, one would expect a higher cancer incidence, higher hospitalization rate and lower survival rate for those in their eighties.

A chart review was conducted on the 61 patients who died within 30 days of discharge to verify data accuracy and to assess the risk of death. In the cohort who died in the hospital (n=51), sixty-five percent had "do not resuscitate" orders in their record signifying the inability to cure the patient. Only ten deaths occurred after discharge. Of the ten, six were assigned a primary or secondary diagnosis of cancer. The remaining four had significant chronic comobidity factors such as diabetes, chronic pulmonary disease, or chronic cardiovascular disease. Death would not be unexpected under these circumstances. All of these patients had appropriate discharge plans.

To put the results of this study in proper perspective, morbidity is only one measure reflecting quality of patient care at Fairview Hospital. We are confident that all the internal quality assurance procedures at Fairview as well as external mechanisms such as this Medicare study will continue to confirm our commitment and ability to provide a high level of patient to our community.

KN:je
50-39

FALMOUTH HOSPIAL ASSOCIATION

67 TER HEUN DR
FALMOUTH, MA 02540

Medicare Hospital Provider Number: 220135

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,571	10	10 - 14	1,485	10	11 - 15
Cancer	42	52	30 - 63	36	42	28 - 62
Cerebrovascular Accidents	70	23	17 - 38	77	29	19 - 40
Gastrointestinal Catastrophes	19	21	22 - 62	15	33	16 - 63
Infectious Disease	25	28	18 - 56	24	8	18 - 48
Metabolic/Electrolyte Disorders	39	23	15 - 47	31	23	14 - 48
Pulmonary Disease	65	22	14 - 37	79	30	18 - 41
Renal Failure	4	100	12 - 80	5	0	23 - 85
Severe Acute Heart Disease	61	44	27 - 53	59	37	28 - 54
Severe Chronic Heart Disease	72	22	14 - 35	86	20	18 - 36
Severe Trauma	2	50	2 - 92	2	100	1 - 91
Gastrointestinal Disease	125	1	1 - 7	97	2	1 - 10
Gynecologic Disease	15	0	0 -100	11	0	0 -100
Low-Risk Heart Disease	161	2	1 - 8	143	1	2 - 7
Musculoskeletal/Skin Conditions	156	1	1 - 7	110	4	1 - 11
Neuropsychiatric/Sensory Disease	59	3	0 - 23	68	0	1 - 9
Urologic Disease	100	0	0 - 9	81	0	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	130
Occupancy Rate (%):	69
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	68
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	115
Licensed Practical Nurses:	15

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

F H

FALMOUTH HOSPITAL

TER HEUN DRIVE / FALMOUTH, MASSACHUSETTS 02540 / TELEPHONE (617) 548-5300

Falmouth Hospital
Falmouth, MA 02540
October 20, 1988

Health Standards and Quality Bureau
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

We are responding to the draft of the release of Medicare mortality data for 1987, specifically the information in the section called "hospital characteristics," for the Falmouth Hospital Association, ID Number 220135.

The number of licensed beds is 130, not 103. The occupancy rate for (FY 1987) was 68.49%. The breakdown of physicians on the active staff is as follows:

Internal Medicine/Family Practice:	34; 27 are Board Certified	
.21 per bed; .30 per occupied bed.		
Surgery		
General	6	
Orthopedic	4	
Obstetric-Gynecologic	4	
Ophthalmologic	3	
ENT	1	
Urologic	2	
Total	20	Board Certified; Staff 21
.15 per bed; .22 per occupied bed.		
Pediatricians	7; 6 are Board Certified	
Other Physicians		
Radiologists	2	
Pathologists	2	
Anesthesiologists	2	
Psychiatrists	2	
Total	8	Board Certified; Staff 10
Dentists	24	
Registered Nurses	117 FTEs	
.90 per bed; 1.30 per occupied bed.		
Licensed Practical Nurses	12.2 FTEs	
.09 per bed; .135 per occupied bed.		

We believe that this statistical information does not accurately reflect staffing or services at hospitals. There were no instructions how to complete this part. We recommend that you ask more specific questions in this area, so that we can match the appropriate professionals to their assigned beds and responsibilities. For example:

- * does HCFA want information on obstetrical patients? or on beds, physicians and nurses assigned to those areas?
- * what does HCFA want regarding pediatrics, since you want to count the beds and nurses, but apparently not the physicians?
- * how do we account for intensive care units if they are not specified as "coronary care units?" (We have ten beds of our 130 for an intensive care unit, which is largely but not entirely coronary care).

We recognize that HCFA wants to limit the number of questions and to concentrate on the mortality data itself, but we suggest reworking some of the data so that the information which you do receive is clear and focused.

The other information in the "characteristics" section is the same as last year.

We hope that we have complied with HCFA's requests and have supplied information that is clear and easy to use. Please contact me if you have any additional requests.

Very truly yours

Alexander Ziss
Vice President,
Clinical Services

FARREN MEM HOSP

56 MAIN STREET
LAKE PLEASANT, MA 01347

Medicare Hospital Provider Number: 220022

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	496	15	9 - 16	627	11	9 - 15
Cancer	13	69	19 - 68	21	43	22 - 64
Cerebrovascular Accidents	11	36	8 - 62	20	25	11 - 50
Gastrointestinal Catastrophes	3	33	7 - 88	4	75	8 - 82
Infectious Disease	8	38	8 - 69	6	33	7 - 75
Metabolic/Electrolyte Disorders	11	9	6 - 52	9	11	8 - 58
Pulmonary Disease	34	26	11 - 42	48	21	12 - 38
Renal Failure	2	100	9 - 93	2	50	1 - 93
Severe Acute Heart Disease	21	38	17 - 58	25	32	24 - 60
Severe Chronic Heart Disease	27	19	12 - 43	38	13	15 - 38
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	33	0	0 - 31	45	0	0 - 16
Gynecologic Disease	7	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	73	3	1 - 12	95	2	1 - 10
Musculoskeletal/Skin Conditions	50	10	0 - 45	62	2	0 - 13
Neuropsychiatric/Sensory Disease	20	10	0 - 52	22	27	0 - 94
Urologic Disease	20	0	0 - 42	14	0	1 - 36

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	72
Occupancy Rate (%):	(not available)
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

FAULKNER HOSP

1153 CENTRE ST
BOSTON, MA 02130

Medicare Hospital Provider Number: 220119

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,935	12	12 - 17	2,268	13	13 - 18
Cancer	64	34	28 - 55	75	36	29 - 55
Cerebrovascular Accidents	86	21	19 - 38	84	21	20 - 39
Gastrointestinal Catastrophes	22	27	24 - 64	27	37	22 - 61
Infectious Disease	22	32	21 - 61	44	36	24 - 56
Metabolic/Electrolyte Disorders	43	23	13 - 43	40	30	12 - 45
Pulmonary Disease	137	25	23 - 40	145	30	21 - 39
Renal Failure	4	50	12 - 90	16	38	21 - 78
Severe Acute Heart Disease	105	39	33 - 54	135	49	34 - 53
Severe Chronic Heart Disease	79	19	16 - 35	133	16	19 - 34
Severe Trauma	4	50	5 - 82	3	33	3 - 86
Gastrointestinal Disease	123	3	2 - 10	124	3	2 - 10
Gynecologic Disease	14	0	0 -100	16	0	0 -100
Low-Risk Heart Disease	215	3	2 - 7	243	2	2 - 7
Musculoskeletal/Skin Conditions	176	4	1 - 9	185	2	1 - 7
Neuropsychiatric/Sensory Disease	85	1	1 - 9	96	2	1 - 10
Urologic Disease	52	4	0 - 42	79	3	0 - 16

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	259
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	129
Percent of Physicians Who Are Board Certified Specialists:	84
Interns and Residents:	31
Registered Nurses:	133
Licensed Practical Nurses:	25

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Hospital #220119

Faulkner Hospital

Allandale at Centre Street
Boston, Massachusetts 02130
(617) 522-5800

October 21, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

To Whom it May Concern:

Below are our comments relative to the 1987 HCFA mortality data that we received in late September, 1988. Where errors were found, we have enclosed the relevant patient data sheets in a packet titled "Errors/Corrections." Cases with errors have been highlighted, with corrections noted at the bottom of each applicable sheet.

COMMENTS

Upon receipt of the HCFA mortality data, Faulkner Hospital conducted an indepth review to both verify the accuracy of the data provided as well as to ascertain that our institutional goal of providing the highest quality patient care was met.

Our initial screening to assess the accuracy of the data provided resulted in the identification of seven (7) errors. It is important to note that as with the 1986 mortality data, it is impossible to verify the accuracy of the reported HCFA data pertinent to those patients said to have expired after discharge. Please also note that corrections to our hospital characteristics have been provided on the face sheet of the "Errors/Corrections" packet.

Since we view the receipt of the HCFA mortality data as one of many opportunities available to us to assess our own performance, we enthusiastically approached conducting a re-review as an adjunct and follow-up to our very aggressive concurrent quality assurance process, which routinely assesses on an ongoing basis important aspects of patient care. The HCFA mortality cases, as well as all our other cases, had, at the time of hospitalization, been put through a rigorous set of quality reviews. Our internal quality assurance process, under the direction of a medical staff peer review committee established primarily for the purpose of dealing with quality issues, objectively and systematically monitors and evaluates the quality and appropriateness of patient care and in doing so pursues opportunities to improve patient care through the resolution of identified problems. We are guided by a written quality assurance plan that describes our program's objectives, organization, scope and mechanisms for overseeing the effectiveness of monitoring, evaluation and problem-solving activities. Our entire program is in concert with the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

JCAHO's periodic surveys assess an institution's degree of compliance with state of the art standards which are designed to guide hospital professionals in the provision of quality care and services within a safe and sanitary environment. Accreditation decisions, subsequent to on-site surveys, are based on substantial compliance with the standards. We look forward to these intense, indepth surveys, and are proud to state that we have always been recognized as being in compliance with the JCAHO standards.

Subsequent to the initial screening we conducted to assess data accuracy, a very extensive/indepth re-review was accomplished to assess for the presence of or suspicion of quality issues. The results of our re-review revealed no significant problems, patterns or trends. As with the assessment of our 1986 mortality data, our review also demonstrated the significant lack of a severity component in the HCFA model. It is well recognized that the absence of severity adjusted data precludes the data from being utilized as a measurement of quality, though indeed it may be utilized as we have, i.e., as a tool for further evaluation. Our review, in addition, reflected that our internal quality assurance process is functioning as it was meant to, i.e., a working, indepth peer review assessment program, final reports of which are routinely made to the Governing Body of the hospital.

Our next step in this re-review process addressed our own quality assessment results as compared with those of the state peer review organization. Massachusetts Peer Review Organization (MassPRO) is funded by the federal government to assess on a continuous basis the quality and appropriateness of patient care. We are very pleased to report that in no case (of our extensive/representative sample) was there a MassPRO final determination made that resulted in identification of a quality issue. It is important to note that MassPRO conducts an extensive quality assurance assessment on every case they review. Their review which is accomplished on a biweekly basis and includes a significant volume of cases potentially subjects any Medicare case to review.

Since high quality patient care is of the utmost importance to us, tremendous resources are devoted to maintaining a program of the highest caliber. Working with our Quality Assurance Committee and Quality Assurance staff, through routine assessment of important aspects of patient care, our Governing Body, our Medical Staff, our Management Team, our Nursing Staff and all departments directly and indirectly related to patient care are involved in and committed to a continuous process of problem identification and problem solving activities to both assure and maintain the highest level of quality care.

Sincerely,

Elaine S Ullian

Elaine S. Ullian
President

Enclosures

FRAMINGHAM UNION HOSPITAL

115 LINCOLN ST
FRAMINGHAM, MA 01701

Medicare Hospital Provider Number: 220089

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,062	16	12 - 17	2,052	15	11 - 16
Cancer	91	45	30 - 55	110	45	32 - 55
Cerebrovascular Accidents	102	33	19 - 38	87	24	17 - 37
Gastrointestinal Catastrophes	30	43	19 - 57	23	22	18 - 55
Infectious Disease	22	23	22 - 60	20	30	18 - 60
Metabolic/Electrolyte Disorders	49	16	11 - 38	38	18	10 - 41
Pulmonary Disease	143	37	19 - 38	114	30	17 - 37
Renal Failure	7	43	12 - 81	14	64	16 - 75
Severe Acute Heart Disease	114	50	31 - 52	108	59	31 - 52
Severe Chronic Heart Disease	83	22	16 - 35	105	25	16 - 34
Severe Trauma	5	20	6 - 75	7	29	9 - 72
Gastrointestinal Disease	126	3	1 - 10	134	5	2 - 11
Gynecologic Disease	17	0	0 -100	24	4	0 -100
Low-Risk Heart Disease	225	5	1 - 8	230	3	1 - 7
Musculoskeletal/Skin Conditions	178	4	1 - 9	167	3	1 - 8
Neuropsychiatric/Sensory Disease	94	5	0 - 17	79	1	0 - 13
Urologic Disease	65	3	0 - 20	75	3	0 - 17

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	311
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	139
Percent of Physicians Who Are Board Certified Specialists:	95
Interns and Residents:	41
Registered Nurses:	322
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

FRANKLIN MEDICAL CENTER

164 HIGH ST
GREENFIELD, MA 01301

Medicare Hospital Provider Number: 220016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	949	13	10 - 15	986	13	10 - 16
Cancer	24	38	23 - 62	34	44	27 - 62
Cerebrovascular Accidents	45	38	14 - 43	50	38	18 - 45
Gastrointestinal Catastrophes	10	40	15 - 72	6	33	16 - 82
Infectious Disease	7	71	20 - 82	6	50	9 - 77
Metabolic/Electrolyte Disorders	9	22	4 - 62	11	45	4 - 63
Pulmonary Disease	48	31	13 - 41	44	23	15 - 42
Renal Failure	9	33	16 - 80	10	30	16 - 78
Severe Acute Heart Disease	50	46	27 - 56	62	39	26 - 52
Severe Chronic Heart Disease	55	20	14 - 36	42	29	14 - 42
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	72	0	1 - 8	80	1	1 - 10
Gynecologic Disease	15	0	0 -100	19	0	0 -100
Low-Risk Heart Disease	88	5	1 - 14	79	3	1 - 12
Musculoskeletal/Skin Conditions	91	2	1 - 10	95	3	0 - 15
Neuropsychiatric/Sensory Disease	31	3	0 - 60	32	0	0 - 35
Urologic Disease	50	4	0 - 76	49	2	0 - 42

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	131
Occupancy Rate (%):	57
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	66
Percent of Physicians Who Are Board Certified Specialists:	82
Interns and Residents:	0
Registered Nurses:	100
Licensed Practical Nurses:	19

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

GLOVER MEM HOSP

148 CHESTNUT ST
NEEDHAM, MA 02192

Medicare Hospital Provider Number: 220083

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	830	13	12 - 18	895	14	12 - 18
Cancer	27	44	27 - 65	33	45	25 - 60
Cerebrovascular Accidents	38	45	17 - 49	23	30	15 - 53
Gastrointestinal Catastrophes	9	56	14 - 73	8	25	8 - 67
Infectious Disease	12	17	13 - 59	16	56	21 - 68
Metabolic/Electrolyte Disorders	29	14	10 - 42	39	31	11 - 45
Pulmonary Disease	43	26	22 - 50	55	29	17 - 44
Renal Failure	4	75	16 - 93	7	29	14 - 82
Severe Acute Heart Disease	41	24	28 - 56	36	42	30 - 62
Severe Chronic Heart Disease	49	27	17 - 42	51	22	15 - 39
Severe Trauma	2	100	4 - 88	1	100	1 - 97
Gastrointestinal Disease	52	2	0 - 16	74	1	1 - 10
Gynecologic Disease	7	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	95	3	1 - 11	97	2	2 - 9
Musculoskeletal/Skin Conditions	95	4	1 - 13	98	1	1 - 8
Neuropsychiatric/Sensory Disease	7	0	0 -100	12	0	0 -100
Urologic Disease	32	3	0 - 45	31	0	0 - 31

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	61
Occupancy Rate (%):	79
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	60
Percent of Physicians Who Are Board Certified Specialists:	77
Interns and Residents:	0
Registered Nurses:	90
Licensed Practical Nurses:	12

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Glover Memorial Hospital

October 19, 1988

William L. Roper, M.D., Administrator
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Attention: Sandra Kappert

Dear Dr. Roper:

Thank you for the opportunity to respond to the Medicare Hospital Mortality Data:1987. The report was reviewed in detail and the following comments related to the information:

1. All deaths at Glover Memorial Hospital are reviewed at Medical Review.

2. As part of our Quality Assurance and Focused Occurrence Screening process, unexpected deaths are reviewed in detail by the Patient Care Assessment Coordinator who is a physician. Appropriate follow up actions are taken and documented as deemed necessary.

3. After review of this year's information, it was determined that all charts of the top three categories of Mortality Rates for Glover would be reviewed:

   A. Severe Trauma (only two cases).

   B. Renal Failure

   C. G.I. Catastrophies

Also, the three categories with lowest mortality rates were reviewed:

   A. G.I. Disease

   B. Low Risk Heart Disease

   C. Urological Disease

Twenty One cases fell into these categories and the following was also noted:

   A. Average age of patients was 83 years.

   B. 48% of cases had "Do Not Resuscitate" Orders.

   C. Consultations were appropriately ordered.

D. 30% of patients were from Nursing Homes.

E. 95% had comorbidities or pre-existing conditions.

4. Data

The category Low Risk Heart Disease revealed discrepancies in three of five cases.

A. Two patients expired more than 30 days after discharge.

B. Two patients expired in 1988.

5. Hospital Characteristics

Staffing

Total number of physicians was listed as 24. Correct total is 187.

Specialty Services

ICU/CCU: YES.

Hospice Care: YES.

In conclusion, there were no trends revealed in the review of charts. The Quality Assurance Staff, Medical Staff and Administration appreciate the opportunity to respond to the data and look forward to improved methods in data collection to produce meaningful tools for the education of the staff.

Sincerely

Frank A. Niro, III
Administrator

FN:ss

GODDARD MEM HOSP

909 SUMMER ST
STOUGHTON, MA 02072

Medicare Hospital Provider Number: 220111

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,246	10	10 - 15	1,286	12	11 - 16
Cancer	33	30	21 - 55	49	53	26 - 56
Cerebrovascular Accidents	51	22	16 - 40	62	18	19 - 40
Gastrointestinal Catastrophes	9	0	15 - 55	4	50	7 - 83
Infectious Disease	16	19	11 - 53	10	30	12 - 67
Metabolic/Electrolyte Disorders	22	18	13 - 50	31	29	7 - 44
Pulmonary Disease	58	28	19 - 44	51	24	15 - 41
Renal Failure	11	27	13 - 73	10	60	21 - 85
Severe Acute Heart Disease	68	25	27 - 50	71	32	29 - 53
Severe Chronic Heart Disease	78	21	17 - 37	79	27	16 - 37
Severe Trauma	2	50	2 - 92	6	0	10 - 63
Gastrointestinal Disease	91	1	1 - 9	80	5	0 - 21
Gynecologic Disease	17	0	0 -100	16	0	0 -100
Low-Risk Heart Disease	198	1	2 - 6	184	4	2 - 9
Musculoskeletal/Skin Conditions	112	3	1 - 10	113	1	1 - 7
Neuropsychiatric/Sensory Disease	42	5	0 - 25	42	12	0 - 44
Urologic Disease	35	3	0 - 52	48	2	0 - 39

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	236
Occupancy Rate (%):	77
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	127
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	0
Registered Nurses:	185
Licensed Practical Nurses:	70

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

GODDARD
MEMORIAL
HOSPITAL

909 Sumner Street
Stoughton
Massachusetts 02072
(617) 344-5100

Robert A. Johnson
President

Medicare Mortality Statistics
Hospital ID: 220111

Goddard Memorial Hospital is pleased with the results of the Medicare Hospital Mortality Information. Goddard Memorial Hospital is well within the accepted range for the predicted mortality rates. However, please note that the hospital characteristics should indicate that the percentage of physicians who are board certified specialists is eighty four (84) percent.

We are also aware that these statistics, although reassuring, can also be misleading. Because death is only one of the many possible outcomes of treatment, mortality review is just one of several important components of a comprehensive Quality Assurance Program. All deaths are reviewed for clinical competency, appropriate management and utilization of hospital resources.

The mortality review, when appropriately used as a guideline within the hospital's Quality Assurance Program, may suggest that the hospital and its medical staff review a specific area to determine if a quality problem does exist or if the patients treated were unusually complex medical cases or have other characteristics not recognized by the Health Care Financing Administration model that would lead to an above average mortality rate. Any indication of potential quality problems would immediately be brought to the attention of the hospital's Medical Staff, Administration and Board of Trustees for prompt investigation.

Also, in order to comply with the Joint Commission on Accreditation of Healthcare Organizations, (JCAHO) a hospital must review deaths monthly. Goddard Memorial Hospital has been approved year after year by the JCAHO without restrictions, indicating that the quality of care given by this hospital meets the high standards of the JCAHO.

The mission of Goddard Memorial Hospital is to provide quality healthcare to all who enter our facility. This is accomplished by peer review through the Patient Care Assessment Committee, Medical Staff Committees including ad hoc Peer Review Committees and a program of continuing medical education. The activities of the Quality Assurance Department are reported monthly to the Executive Committee of the Medical Staff and quarterly to the Board of Trustees.

HANNEMANN HOSP

1515 COMMONWEALTH AVE
BRIGHTON, MA 02135

Medicare Hospital Provider Number: 220120

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	618	7	6 - 12	730	7	5 - 10
Cancer	2	50	5 - 93	4	75	14 - 87
Cerebrovascular Accidents	5	60	8 - 79	6	33	7 - 74
Gastrointestinal Catastrophes	2	0	7 - 91	0	-	-
Infectious Disease	12	42	16 - 68	14	36	20 - 69
Metabolic/Electrolyte Disorders	15	27	8 - 55	16	31	5 - 54
Pulmonary Disease	68	25	22 - 45	41	37	22 - 53
Renal Failure	1	0	3 - 98	3	33	11 - 93
Severe Acute Heart Disease	0	-	-	1	0	2 - 97
Severe Chronic Heart Disease	7	43	4 - 71	8	25	8 - 66
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	4	0	0 - 81	8	13	0 - 97
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	11	0	0 - 67	10	0	0 - 55
Musculoskeletal/Skin Conditions	14	0	0 - 91	13	0	0 - 94
Neuropsychiatric/Sensory Disease	413	2	1 - 6	531	2	1 - 5
Urologic Disease	4	0	0 -100	8	13	1 - 70

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	65
Occupancy Rate (%):	65
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	113
Percent of Physicians Who Are Board Certified Specialists:	35
Interns and Residents:	0
Registered Nurses:	29
Licensed Practical Nurses:	6

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HARRINGTON MEM HOSP

100 SOUTH ST
SOUTHBRIDGE, MA 01550

Medicare Hospital Provider Number: 220019

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	953	13	10 - 15	1,033	12	10 - 15
Cancer	16	50	26 - 73	36	36	28 - 61
Cerebrovascular Accidents	49	29	16 - 42	40	30	15 - 44
Gastrointestinal Catastrophes	9	56	16 - 75	9	22	13 - 68
Infectious Disease	9	11	9 - 59	7	29	8 - 71
Metabolic/Electrolyte Disorders	22	9	11 - 43	44	32	8 - 41
Pulmonary Disease	51	22	17 - 42	67	31	17 - 41
Renal Failure	4	50	15 - 95	7	71	12 - 79
Severe Acute Heart Disease	34	47	24 - 57	43	33	29 - 58
Severe Chronic Heart Disease	41	29	12 - 40	45	27	12 - 39
Severe Trauma	1	0	2 - 97	0	-	-
Gastrointestinal Disease	66	5	1 - 16	79	4	0 - 15
Gynecologic Disease	9	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	110	2	1 - 8	100	1	1 - 8
Musculoskeletal/Skin Conditions	101	3	1 - 11	118	1	1 - 7
Neuropsychiatric/Sensory Disease	47	6	0 - 27	49	2	0 - 33
Urologic Disease	47	9	0 - 31	44	2	0 - 42

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	121
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	52
Percent of Physicians Who Are Board Certified Specialists:	67
Interns and Residents:	0
Registered Nurses:	86
Licensed Practical Nurses:	22

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HAVERHILL MUN (HALE) HOSPITAL
140 LINCOLN AVENUE
HAVERHILL, MA 01830

Medicare Hospital Provider Number: 220041

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,545	14	11 - 16	1,629	15	12 - 17
Cancer	43	44	23 - 55	67	54	34 - 62
Cerebrovascular Accidents	67	36	17 - 41	60	25	20 - 43
Gastrointestinal Catastrophes	12	25	11 - 61	8	50	6 - 69
Infectious Disease	14	29	14 - 62	22	50	17 - 60
Metabolic/Electrolyte Disorders	32	38	8 - 46	25	16	11 - 45
Pulmonary Disease	87	26	18 - 40	88	20	17 - 37
Renal Failure	8	75	23 - 87	11	73	18 - 78
Severe Acute Heart Disease	84	46	28 - 51	117	48	31 - 51
Severe Chronic Heart Disease	140	24	18 - 34	119	19	19 - 35
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	108	0	2 - 6	127	4	1 - 10
Gynecologic Disease	15	0	0 -100	18	6	0 -100
Low-Risk Heart Disease	217	1	2 - 6	215	3	2 - 7
Musculoskeletal/Skin Conditions	133	2	1 - 9	144	3	1 - 9
Neuropsychiatric/Sensory Disease	31	0	0 - 39	54	2	0 - 23
Urologic Disease	47	4	0 - 61	38	0	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	188
Occupancy Rate (%):	68
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	97
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	0
Registered Nurses:	131
Licensed Practical Nurses:	45

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HENRY HEYWOOD MEM HOSP

242 GREEN ST
GARDNER, MA 01440

Medicare Hospital Provider Number: 220095

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,108	15	9 - 15	1,243	13	10 - 15
Cancer	27	48	23 - 61	43	47	32 - 64
Cerebrovascular Accidents	19	53	13 - 57	17	29	10 - 53
Gastrointestinal Catastrophes	5	40	2 - 79	7	71	11 - 73
Infectious Disease	18	33	12 - 56	15	13	17 - 57
Metabolic/Electrolyte Disorders	25	24	11 - 48	11	9	8 - 52
Pulmonary Disease	65	32	17 - 42	65	26	14 - 38
Renal Failure	10	50	16 - 80	4	50	5 - 85
Severe Acute Heart Disease	51	55	25 - 53	68	40	27 - 52
Severe Chronic Heart Disease	60	23	16 - 38	65	18	14 - 35
Severe Trauma	1	100	0 -100	1	100	3 - 98
Gastrointestinal Disease	97	2	1 - 10	115	3	1 - 10
Gynecologic Disease	10	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	134	4	1 - 10	122	9	1 - 14
Musculoskeletal/Skin Conditions	110	7	0 - 28	129	1	1 - 7
Neuropsychiatric/Sensory Disease	38	3	0 - 22	43	12	0 - 68
Urologic Disease	29	0	0 - 41	29	0	0 - 73

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	142
Occupancy Rate (%):	54
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	46
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	131
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Henry
Heywood
Memorial
Hospital

October 24, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207 Hospital Provider #:220095

Dear Mrs. Kappert:

Henry Heywood Memorial Hospital is responding to the Health Care Administration's release of Mortality data for medical patients to facilitate the reader with an appropriate interpretation of the statistical information. Use of the HCFA Mortality Report as an indicator of Quality Care is unreliable as this study focuses on only one population the hospital serves.

A review of the information supplied by HCFA for the calendar year of 1987 shows the Hospital's actual mortality rate to be within the range for predicted mortality for a hospital similar to Heywood Memorial Hospital.

The focus of this response will be centered on the area where Heywood was over the predicted range for mortality. The cases within this category were reviewed for appropriateness of care, quality assurance and to identify any trends on quality issues.

The other area that Henry Heywood Memorial Hospital fell at the top of the predictability range was severe trauma, but there was only one case reported and we feel this is statistically insignificant.

The category where an intensified review of medical records was conducted is the Severe Acute Heart Disease category. Several predominant factors are seen with the patients in this category. First of all the average age of patients that died within 30 days of admission was 78.2 years of age. Secondly, twenty three out of the twenty eight reported deaths have prior history of some form of cardiac or respiratory disease. Twelve of the cases reviewed had a DNR (Do not resuscitate) status assigned prior to death. This means that either the family, the patient, or both requested that no life support or "heroic" measures be taken. One patient had not sought any medical care for 12 years prior to presenting in the Emergency Room with an acute MI.

Three patients had a primary diagnosis of Ruptured or Dissecting Abdominal Aortic Aneurysm.

Henry Heywood Memorial Hospital is committed to providng quality health care to all members of our community. The hospital maintains several committees that have representation from physicians, nurses, administrators, and trustees. The Committees assist the hospital in developing guidelines to ensure that our patients receive the best possible care. All hospital departments participate in the Quality Assurance process by monitoring and reporting the activities of their departments.

The hospital also cooperates with the Massachusetts PRO (Peer Review Organization), the agency that HCFA contracts with to assure that hospitals maintain appropriate standards of care.

Our participation in both internal and external quality assurance programs provides concrete evidence of the hospital's commitment and ability to provide comprehensive quality care to all we serve.

Sincerely,

Riley M. Green, Jr.
Chief Executive Officer

RG/tt
ltr-hcfa

HILLCREST HOSPITAL

165 TOR COURT
PITTSFIELD, MA 01201

Medicare Hospital Provider Number: 220107

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	879	13	10 - 15	989	12	10 - 15
Cancer	20	65	22 - 63	29	48	27 - 64
Cerebrovascular Accidents	26	23	12 - 45	22	23	16 - 52
Gastrointestinal Catastrophes	8	63	7 - 69	10	50	15 - 72
Infectious Disease	9	22	13 - 67	11	27	19 - 71
Metabolic/Electrolyte Disorders	20	20	18 - 56	51	16	7 - 34
Pulmonary Disease	84	29	18 - 40	90	21	17 - 38
Renal Failure	1	100	3 - 99	9	44	15 - 80
Severe Acute Heart Disease	33	39	22 - 56	16	56	18 - 64
Severe Chronic Heart Disease	48	19	14 - 38	42	31	15 - 44
Severe Trauma	2	50	1 - 93	1	0	0 - 98
Gastrointestinal Disease	70	7	1 - 20	57	4	0 - 19
Gynecologic Disease	6	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	101	2	1 - 9	124	2	2 - 8
Musculoskeletal/Skin Conditions	95	3	0 - 14	125	1	1 - 7
Neuropsychiatric/Sensory Disease	38	3	0 - 45	30	0	0 - 43
Urologic Disease	25	0	0 - 27	40	2	0 - 87

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	130
Occupancy Rate (%):	53
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	70
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	106
Licensed Practical Nurses:	35

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HILLCREST
HOSPITAL

165 TOR COURT
PITTSFIELD, MA 01201
(413) 443-4761

October 19, 1988

William M. Roper, M.D.
Administrator
Health Care Financing Administration
Hospital Mortality Information
Baltimore, Maryland 21207

Dear Dr. Roper:

We have received our mortality information which HCFA intends to make public in December. We note our overall mortality rate is well within the expected percentages but we do have outliers in two categories.

The significant rate of 100% mortality in the diagnostic category of renal failure is indicative of hospital case mix (one patient that expired) not quality of care; and in the cancer category, Massachusetts has beem nationally identified as having a high incidence of genito-urinary cancer, especially in the Western part of the state, therefore, a higher than predicted mortality would not necessarily indicate a quality issue.

We would like to draw the public's attention to the fact that this information is more representative of a hospital's case mix than it is of quality of care. Would the statistics drawn from generic quality screens used by PRO's be more valid information for public evaluation of quality of care of an institution?

Sincerely,

Eugene A. Dellea,
Administrator

HOLDEN HOSPITAL,INC.

BOYDEN RD
HOLDEN, MA 01520

Medicare Hospital Provider Number: 220034

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	618	10	9 - 15	690	10	10 - 15
Cancer	14	7	23 - 59	24	58	27 - 66
Cerebrovascular Accidents	26	31	12 - 47	21	29	14 - 53
Gastrointestinal Catastrophes	6	83	6 - 70	4	50	10 - 86
Infectious Disease	7	29	8 - 70	8	0	12 - 54
Metabolic/Electrolyte Disorders	23	26	14 - 53	19	32	6 - 51
Pulmonary Disease	40	30	16 - 46	36	14	16 - 42
Renal Failure	0	-	-	1	0	3 - 99
Severe Acute Heart Disease	15	33	21 - 67	31	29	25 - 57
Severe Chronic Heart Disease	31	19	14 - 43	26	23	13 - 46
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	46	2	1 - 16	56	2	1 - 13
Gynecologic Disease	4	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	70	3	1 - 13	82	2	1 - 11
Musculoskeletal/Skin Conditions	65	0	1 - 9	72	0	1 - 8
Neuropsychiatric/Sensory Disease	45	2	0 - 28	39	0	0 - 56
Urologic Disease	34	0	0 - 38	32	3	0 - 53

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	82
Occupancy Rate (%):	46
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	40
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	0
Registered Nurses:	67
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HOLDEN HOSPITAL
Boyden Road, Holden, MA 01520 (508) 829-6721

October 17, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health and Human Services
Washington, D.C. 21201

RE: HCFA Mortality Data
Holden Hospital
Provider No. 220034

Dear Dr. Roper:

The 1987 HCFA Medicare Mortality Report for Holden Hospital has been reviewed and evaluated. The purpose of this letter is to provide comment on a number of points, specifically:

1. 1987 Mortality Data
2. 1986 V. 1987 Data
3. General Concerns

The data prepared for Holden Hospital indicates that of the 618 Medicare patients selected for analysis, 60 or roughly 10% died within 30 days of admission to the hospital. Of these 60, 15 died outside of the hospital setting. Holden Hospital's overall mortality rate (10%) is well within the predicted range (9-15%). Further, the actual mortality rate for 13 of the diagnostic categories is either within or below the predicted range with the exception of GI catastrophes. In this case, actual mortality exceeded predicted mortality and warrants further explanation.

The report provided by HCFA reflects: 1) the number of Medicare patients whose last discharge in 1987 was from a given hospital, 2) the percent of patients who died within 30 days of that last admission and 3) a predicted range of the percent of patients who would have been expected to die given adjustments for patient mix. The range of predicted mortality gives an estimate of mortality rates for patients equal in number and similar in characteristic to those treated by the specific hospital. Additional factors are considered: previous admissions, age, sex, and the presence of co-morbid conditions. However, while the formula does include adjustment mechanisms, it excludes two important measures related to mortality and morbidity - the severity of the patients' illness and the stage of their illness at the time of their last admission. In the case of the six patients admitted to Holden Hospital for gastrointestinal catastrophes, three of the five patients who died were terminal cancer patients who were not expected to survive. While the mortality data indicates that there is something different about the Holden cases in relation to the comparison group, it does not fully explain why this group is different. Therefore, to draw any conclusions regarding the quality of care rendered to them using a comparison of the actual versus predicted mortality rate would be a conclusion based on inadequate and misleading information.

You note that when the mortality data is released, HCFA will stress that this information is not a complete measure of quality of care. Certainly, the public needs to understand that there are many reasons for differences to exist between actual and predicted mortality rates including: chance, differences in the types of patients treated, difference in the treatment provided, and actual "sample" size. Patient mix (admission status) was a key factor in the actual versus predicted mortality rate for GI catastrophes at Holden Hospital. These differences are further illustrated when analyzing the 1986 and 1987 data. While the actual overall mortality rate has remained relatively constant for Holden for 1986 and 1987 in comparison to the predicted range, there has been a change in two categories - cancer and GI catastrophes. The actual mortality rate for cancer in 1987 is well below the predicted range in comparison to 1986 in which the actual rate was within the predicted range. However, while the actual rate for GI Catastrophes in 1987 exceeds the predicted range it was within the predicted value in 1986. Such fluctuations between the two years probably represent a change in the patient mix.(eg admission status, complicating factors during hospitalization).

Holden Hospital has been serving this community for over 70 years. In order to ensure the highest quality patient care, we are committed to an ongoing analysis of our performance. Central to this process, is the hospital's Quality Assurance and Utilization Review Programs for all of the services provided to our patients. As a part of this process, Peer Review of all patient deaths occurring in the hospital is conducted to determine the quality and appropriateness of care rendered in these cases. While we recognize the need to provide the consumer with a means of assessing the quality of care offered by a specific hospital, we also caution that the consumer be provided with clear and understandable facts. The mortality data, in its present format, may serve as a means of identifying areas that warrant additional study or review. However, caveats must be included which highlight the present limitations of the model relative to severity and stage of illness to provide the reader with a clearer understanding of the data presented.

Thank you for the opportunity to comment prior to the publication of the 1987 Mortality Data.

Sincerely,

Daniel P. Moen
President

HOLYOKE HOSP

575 BEECH ST
HOLYOKE, MA 01040

Medicare Hospital Provider Number: 220024

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,019	11	10 - 14	2,071	14	11 - 15
Cancer	73	42	29 - 55	57	44	29 - 58
Cerebrovascular Accidents	78	21	16 - 36	94	34	20 - 40
Gastrointestinal Catastrophes	14	14	10 - 53	20	25	13 - 55
Infectious Disease	31	26	15 - 49	22	23	22 - 60
Metabolic/Electrolyte Disorders	65	22	11 - 38	54	26	10 - 40
Pulmonary Disease	125	21	16 - 34	136	28	18 - 36
Renal Failure	8	25	10 - 75	8	75	16 - 80
Severe Acute Heart Disease	86	36	27 - 49	114	36	30 - 50
Severe Chronic Heart Disease	102	19	15 - 32	98	29	16 - 35
Severe Trauma	6	17	7 - 70	7	29	6 - 71
Gastrointestinal Disease	197	2	1 - 6	165	3	1 - 8
Gynecologic Disease	12	0	0 -100	11	0	0 -100
Low-Risk Heart Disease	211	2	2 - 7	233	2	2 - 6
Musculoskeletal/Skin Conditions	178	3	1 - 8	168	2	1 - 7
Neuropsychiatric/Sensory Disease	83	5	1 - 15	74	1	0 - 13
Urologic Disease	82	4	0 - 26	71	0	0 - 12

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	243
Occupancy Rate (%):	66
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	161
Percent of Physicians Who Are Board Certified Specialists:	75
Interns and Residents:	0
Registered Nurses:	131
Licensed Practical Nurses:	63

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HOLYOKE HOSPITAL, INC.

HANK J. PORTEN
President

575 BEECH STREET
HOLYOKE, MA. 01040-2296
PHONE 534-2500

October 21, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

From our own rather detailed Quality Assurance and Mortality data for 1987, we would corroborate your findings which show that, in all the diagnostic categories, the actual mortality rate at Holyoke Hospital was well within the predicted range. In none of the cases were we identified as being a high or low "outlier". A check of our data systems indicates that your admission data for Holyoke Hospital is correct.

Nevertheless, we have several concerns over the data and its possible misinterpretation. Holyoke Hospital recognizes that consumers have a legitimate right to obtain accurate information on the quality of care available in their community. The problem is that mortality rates by themselves do not necessarily reflect on the quality of care in an institution and can, in fact, be quite deceiving.

We would agree with Dr. Roper's statement in his letter to us that one cannot and should not recommend the use of this mortality information by itself to make judgements about quality of care in any individual hospital or even to make comparisons among hospitals. However, this is what will be done with this information. We think the Federal Government and its agencies has a responsibility and a role in ensuring quality healthcare services throughout the country; but these agencies also have a role and responsibility in ensuring that the community does not lose confidence in its healthcare delivery system. Where individual hospitals have difficulty, they should be assisted in developing those standards necessary to achieve that quality. However, unwarranted attacks on the entire healthcare system should be stopped.

In closing, our hospital and its medical staff are continually striving to ensure quality patient care. In fact, we have established an elaborate quality assurance monitoring program throughout the hospital. We appreciate your constructive input and assistance in achieving the best results for our patients.

Very truly yours,

Hank J. Porten
President

HJP/n

HUBBARD REGIONAL HOSP

340 THOMPSON ROAD
WEBSTER, MA 01570

Medicare Hospital Provider Number: 220025

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	733	13	10 - 16	738	16	11 - 17
Cancer	14	29	15 - 62	18	67	25 - 68
Cerebrovascular Accidents	33	30	17 - 49	25	36	15 - 52
Gastrointestinal Catastrophes	7	29	11 - 73	4	75	11 - 84
Infectious Disease	12	25	18 - 67	11	18	15 - 63
Metabolic/Electrolyte Disorders	17	24	7 - 52	22	23	8 - 48
Pulmonary Disease	52	27	17 - 43	49	29	18 - 45
Renal Failure	3	100	4 - 81	2	50	3 - 93
Severe Acute Heart Disease	45	42	24 - 54	39	62	28 - 59
Severe Chronic Heart Disease	36	17	13 - 39	55	31	16 - 41
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	53	0	1 - 10	62	2	1 - 12
Gynecologic Disease	5	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	93	3	1 - 11	68	1	1 - 12
Musculoskeletal/Skin Conditions	81	0	1 - 7	76	3	0 - 17
Neuropsychiatric/Sensory Disease	22	0	0 - 54	31	6	0 - 57
Urologic Disease	26	0	0 - 95	27	0	0 - 68

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	82
Occupancy Rate (%):	49
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	31
Percent of Physicians Who Are Board Certified Specialists:	65
Interns and Residents:	0
Registered Nurses:	72
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

We Care About You

HUBBARD REGIONAL HOSPITAL
340 Thompson Road
Webster, Mass. 01570

Telephone (617) 943-2600

October 21, 1988

HCFA
Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Attention: William L. Roper, M.D., Administrator

Dear Doctor Roper:

RE: Hospital Mortality Statistics - 1987
Hubbard Regional Hospital, Medicare Provider #220025

We have reviewed the above-mentioned data as presented to us on September 15, 1988.

We hope you will clarify that forty seven (47) of the deaths listed in the sampling occurred after the patient was discharged from the hospital.

It is further our hope that you will, in the public release of information, make clear to the public that this information on its own is not a complete measure of the quality of care at an individual hospital. The use of this information by itself to make judgments about the quality of care in an individual hospital is inaccurate. There are many other complex issues such as severity of illness, unrelated causes of death as compared to the condition of the patient while under treatment at the time of discharge, management of the patient at home or in a post-acute care facility, some or all of which may incorrectly attribute causes of death to the hospital.

(continued on page 2)

Hubbard Regional Hospital is committed to an ongoing Quality Assurance Program which is designed to objectively and systematically monitor and evaluate the quality and appropriateness of care rendered to each patient. Both clinical and administrative staffs monitor and evaluate the quality and appropriateness of patient care and clinical performance and further resolve identified problems. This information is reported to the governing body to assist it in fulfilling its responsibility for the quality of patient care.

Hubbard Regional Hospital will continue to provide the best possible care achieavable to all of its patients.

Very truly yours,

Edward F. Kittredge

Edward F. Kittredge
Administrator

EFK/par

HUNT MEMORIAL HOSP

75 LINDALL ST
DANVERS, MA 01923

Medicare Hospital Provider Number: 220040

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,028	11	11 - 16	1,020	12	10 - 15
Cancer	33	42	24 - 59	34	38	27 - 62
Cerebrovascular Accidents	36	17	17 - 43	41	32	16 - 45
Gastrointestinal Catastrophes	4	25	5 - 80	7	43	12 - 76
Infectious Disease	15	27	14 - 60	7	43	14 - 78
Metabolic/Electrolyte Disorders	42	19	13 - 43	29	10	13 - 42
Pulmonary Disease	90	24	19 - 39	74	27	15 - 38
Renal Failure	2	100	11 - 97	4	25	3 - 82
Severe Acute Heart Disease	36	36	23 - 55	44	52	24 - 54
Severe Chronic Heart Disease	50	24	14 - 39	47	23	16 - 42
Severe Trauma	1	0	0 - 98	1	0	0 - 98
Gastrointestinal Disease	81	0	1 - 7	78	3	1 - 12
Gynecologic Disease	9	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	105	4	1 - 11	106	2	1 - 9
Musculoskeletal/Skin Conditions	111	3	0 - 11	109	1	0 - 8
Neuropsychiatric/Sensory Disease	32	0	0 - 23	42	2	0 - 31
Urologic Disease	24	0	1 - 22	29	0	0 - 38

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	142
Occupancy Rate (%):	61
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	96
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	143
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

THE HUNT HOSPITAL

75 LINDALL STREET
DANVERS, MA 01923
(508) 774-4400

October 20, 1988

Ms. Sandra Kappert
Health Care Financing Administration
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Ms. Kappert:

In the course of reviewing the Health Care Financing Administration's (HCFA) 1987 Mortality Data for Hunt Hospital, we found only one category, renal failure, where the mortality statistics were above the expected range. This on exception involved two (2) patients who died of renal failure. First, we would like to comment that since the number of patients in this diagnostic category is so small, it raises the question of the validity of the expected mortality ranges. Second, a review of both cases indicated that the average age of the patients was 92, that they received quality care and that all quality assurance systems had worked appropriately.

Hunt Hospital through its Board of Trustees, Administration, medical, clinical and support staff is dedicated to the provision of quality care to all its patients. In order to ensure that quality care is provided, Hunt has an ongoing Quality Assessment Program. The program includes an effective mechanism for monitoring patient care and documents steps or demonstrates that corrective action was effective, appropriate and timely.

We would also like to emphasize that the data presented in this report should only be used as a useful tool for further evaluation and should not in itself be the only measure of a hospital's performance. We agree with the following statement made by HCFA:

> "While we believe that information on hospital mortality rates is useful, until we have developed additional statistical measures to deal with complex issues such as severity of illness, we cannot and do not recommend the use of the information itself."

affiliated with HCA Management Company

In addition to the mortality statistics, we were also provided with information regarding certain of our "hospital's characteristics". It is our understanding that HCFA may not publish the same data in its final report. Since we will not have an opportunity to review HCFA's final draft of this information before it is published, we feel that it would not be appropriate to comment on this aspect of the report until after it has been released and we have reviewed it.

Sincerely,

David L. Stansberry

David L. Stansberry
Administrator

DLS/jg

JORDAN HOSPITAL

SANDWICH RD
PLYMOUTH, MA 02360

Medicare Hospital Provider Number: 220060

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,771	12	11 - 15	1,782	12	11 - 15
Cancer	31	52	25 - 61	40	47	27 - 59
Cerebrovascular Accidents	73	23	19 - 40	54	31	16 - 42
Gastrointestinal Catastrophes	16	63	18 - 66	13	46	15 - 67
Infectious Disease	29	45	17 - 55	26	35	20 - 59
Metabolic/Electrolyte Disorders	71	24	12 - 39	48	29	12 - 43
Pulmonary Disease	103	24	15 - 35	122	24	18 - 37
Renal Failure	6	33	10 - 81	8	38	18 - 85
Severe Acute Heart Disease	99	35	30 - 51	99	36	28 - 49
Severe Chronic Heart Disease	87	25	15 - 35	86	33	15 - 36
Severe Trauma	2	0	9 - 93	3	33	1 - 88
Gastrointestinal Disease	143	3	1 - 9	138	1	1 - 7
Gynecologic Disease	7	0	0 -100	19	0	0 -100
Low-Risk Heart Disease	222	0	2 - 5	209	2	2 - 7
Musculoskeletal/Skin Conditions	142	2	1 - 8	145	3	1 - 9
Neuropsychiatric/Sensory Disease	34	0	0 - 29	59	2	0 - 16
Urologic Disease	71	0	0 - 12	63	2	0 - 19

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 142
Occupancy Rate (%): 77
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 85
Percent of Physicians Who Are Board Certified Specialists: 72
Interns and Residents: 0
Registered Nurses: 119
Licensed Practical Nurses: 38

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

JORDAN
Jordan Hospital, Inc.

Rosalie M. Gormley, Chairman
Peter A. Chapman, President

October 24, 1988

Ms. Sandra Kappert
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2D2
6325 Security Boulevard
Baltimore, MD 21207

Dear Ms. Kappert:

Upon review of the Medicare mortality data for 1987, it is noted that in no case did the Jordan Hospital exceed the expected mortality range.

As in previous years, this information will form one part of an intense comprehensive, ongoing quality assessment which includes individual review of all deaths.

The hospital has not had the opportunity to review the accuracy of the data to be released relating to hospital characteristics. The hospital will be pleased to provide interested persons with accurate details regarding Jordan's characteristics.

Sincerely,

Peter A. Chapman
President

PAC:mjd

275 SANDWICH STREET, PLYMOUTH, MA 02360 (617) 746-2000

JOSIAH B. THOMAS HOSP

15 KING ST
PEABODY, MA 01960

Medicare Hospital Provider Number: 220114

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	725	10	12 - 18	649	11	11 - 17
Cancer	18	39	24 - 68	23	48	25 - 66
Cerebrovascular Accidents	34	12	17 - 41	32	28	16 - 48
Gastrointestinal Catastrophes	7	57	9 - 74	6	83	23 - 84
Infectious Disease	18	22	24 - 65	9	11	12 - 61
Metabolic/Electrolyte Disorders	14	7	9 - 47	20	20	5 - 47
Pulmonary Disease	47	19	16 - 41	29	3	19 - 39
Renal Failure	3	100	12 - 87	3	33	11 - 93
Severe Acute Heart Disease	46	43	25 - 55	39	46	27 - 59
Severe Chronic Heart Disease	48	8	18 - 36	50	10	18 - 37
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	50	0	1 - 11	65	2	1 - 11
Gynecologic Disease	3	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	115	1	3 - 8	104	3	1 - 10
Musculoskeletal/Skin Conditions	51	2	1 - 15	56	4	1 - 15
Neuropsychiatric/Sensory Disease	29	3	0 - 53	30	0	0 - 51
Urologic Disease	13	0	0 - 80	19	5	0 - 85

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	86
Occupancy Rate (%):	56
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	31
Percent of Physicians Who Are Board Certified Specialists:	74
Interns and Residents:	0
Registered Nurses:	79
Licensed Practical Nurses:	19

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

J. B. Thomas Hospital

15 King Street Peabody, Massachusetts 01960
(617) 531-2900

J.B. Thomas Hospital is an 86 bed facility with more than 200 physicians on staff, which places as its number one priority, a continuous, hospital wide commitment to quality patient care. This commitment is evidenced in a written Quality Assurance Plan with specific goals and purposes, which is overseen by a Department of Quality Assurance, a Patient Care Assessment - Accreditation Committee, and the Medical Staff Advisory Board.

As described below, J.B. Thomas Hospital's policies and procedures extensively outline measures taken to assure high quality patient care. Specifically addressing the category of Renal Failure where it is shown that the mortality rate was outside the predicted range, we reviewed the individual cases and conclude that the severity of illness in these cases and numerous accompanying medical complications of these patients would classify these as "expected deaths." Changes in treatment would not have prevented death.

In reference to mortality data, J.B. Thomas Hospital reviews all deaths in the hospital, whether expected deaths or not, to determine if a problem existed. If there is any indication that a problem exists, a prompt investigation is undertaken. If a problem is indeed identified, corrective action is taken swiftly.

A note of caution regarding the HCFA data released is necessary. As HCFA has stated "...the information by itself is not a complete measure of quality of care at an individual hospital. ...until we have developed additional statistical measures to deal with complex issues such as severity of illness, we cannot and do not recommend the use of the information by itself to make judgments about the quality of care in an individual hospital or to make comparisons."

This is the reason why extensive Quality Assurance and Peer Review programs exist. The data indicated here is a guide to hospital programs to help in their review of quality issues. The American Hospital Association, the Joint Commission on Accreditation of Healthcare Organizations, and other agencies are investigating methods of evaluating quality of care that rely on measures other than mortality rates that can be used by the consumer as a more descriptive guide to quality of care issues. We look forward to the results of these efforts.

QUALITY ASSURANCE PROGRAM AT J.B. THOMAS HOSPITAL

The purpose of the Quality Assurance Program is to improve patient care through ongoing objective evaluation of services rendered at J.B. Thomas Hospital. The program is an organized system developed to (1) provide for the continuous monitoring and evaluation of important clinical aspects of patient care, (2) identify opportunities for improving patient care,

(3) identify and resolve problems that have an impact on patient care and clinical performance, and (4) monitor potential risks and hazards.

The Quality Assurance activities of the hospital are a function of both the medical staff and the hospital departments/services. These activities include both direct patient care services and patient oriented support/ancillary services.

The Medical Staff is responsible for setting professional standards of care; for monitoring care to assure it meets the standards; and for taking corrective action when the care does not meet the standards. Hospital Department/Services are responsible for monitoring and evaluating the quality and appropriateness of care provided; for assuring that the monitoring is ongoing; and for documenting all phases including problem resolution.

The long term objectives of the Quality Assurance Plan are to improve patient care, enhance clinical performance, and reduce or eliminate unnecessary risks and hazards within the hospital by, among other things: Assisting Department Heads and committee chairmen to (1) Identify priority problems that may compromise the quality of patient care; (2) Assess objectively the cause, scope, and priority of the identified problems; (3) Implement corrective actions when necessary; and (4) establish methods to monitor corrective actions for desired results.

Over the past few years, Quality Assurance activities at J.B. Thomas Hospital have been expanding to account for such changes as advances in technology, implementation of new State regulations and integration of risk management concepts, improvement in patient care as a result of monitoring and evaluation activities, and revised Joint Commission on Accreditation of Healthcare Organizations Standards.

Results of Quality Assurance activities are reviewed at monthly department meetings and at monthly Quality Assurance Committee meetings.

In each department, indicators specify the patient care activities, events, occurrences and outcomes that are to be monitored and evaluated in order to determine whether those aspects of patient care conform to current standards of appropriateness and quality. The establishment of these indicators will never end and implementation of new indicators will be constant. Some of these indicators are: adequacy of discharge planning, medical stability at time of discharge, deaths, nosocomial infections, unscheduled returns to the Operating Room, trauma suffered in the hospital, delays or errors in diagnoses or treatments, and lack of adequate medical records documentation.

L.F.QUIGLEY MEM.HOSP SOLDIERS HOME

100 SUMMIT AVE
CHELSEA, MA 02150

Medicare Hospital Provider Number: 220154

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	185	12	9 - 19	323	9	9 - 16
Cancer	3	33	3 - 86	6	17	15 - 76
Cerebrovascular Accidents	2	50	5 - 94	1	100	0 - 98
Gastrointestinal Catastrophes	0	-	-	1	100	0 - 99
Infectious Disease	0	-	-	2	0	3 - 88
Metabolic/Electrolyte Disorders	4	50	11 - 86	7	14	6 - 65
Pulmonary Disease	20	20	11 - 49	17	24	9 - 51
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	8	63	14 - 74	17	35	20 - 64
Severe Chronic Heart Disease	12	25	6 - 56	15	13	12 - 50
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	13	0	0 - 90	32	0	0 - 35
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	18	6	0 - 54	27	4	0 - 40
Musculoskeletal/Skin Conditions	9	0	0 - 93	17	0	0 - 59
Neuropsychiatric/Sensory Disease	7	0	0 - 93	7	0	0 -100
Urologic Disease	6	0	0 -100	27	0	0 - 34

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	159
Occupancy Rate (%):	(not available)
Ownership/Control:	State Government

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

LAWRENCE GENERAL HOSP

ONE GENERAL STREET
LAWRENCE, MA 01842

Medicare Hospital Provider Number: 220010

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,679	10	10 - 14	2,774	12	11 - 15
Cancer	57	28	28 - 55	72	32	30 - 55
Cerebrovascular Accidents	110	21	19 - 36	108	24	18 - 37
Gastrointestinal Catastrophes	23	39	21 - 63	18	50	20 - 66
Infectious Disease	10	60	14 - 71	16	38	14 - 61
Metabolic/Electrolyte Disorders	70	26	13 - 41	59	29	11 - 40
Pulmonary Disease	148	17	18 - 34	169	24	20 - 36
Renal Failure	10	20	15 - 74	18	33	14 - 69
Severe Acute Heart Disease	105	36	29 - 50	152	40	31 - 49
Severe Chronic Heart Disease	150	21	17 - 31	156	27	17 - 33
Severe Trauma	6	33	7 - 75	2	0	1 - 90
Gastrointestinal Disease	206	2	1 - 7	221	4	1 - 8
Gynecologic Disease	21	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	292	1	2 - 6	305	2	2 - 6
Musculoskeletal/Skin Conditions	285	2	1 - 6	271	3	1 - 6
Neuropsychiatric/Sensory Disease	112	3	0 - 11	142	3	0 - 10
Urologic Disease	94	2	0 - 13	98	2	1 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 345
Occupancy Rate (%): 71
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 229
Percent of Physicians Who Are Board Certified Specialists: 67
Interns and Residents: 0
Registered Nurses: 228
Licensed Practical Nurses: 70

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

Lawrence
General
Hospital

One General Street
Lawrence, Massachusetts 01842
(508) 683-4000

October 24, 1988

Ms. Sandra Kappert
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimore, Maryland 21207

Re: 1987 Mortality Data
Hospital ID 220010

Dear Mrs. Kappert:

We have reviewed the 1987 mortality data enclosed with Mr. William Roper's letter of September 15, 1988. We do not have comments to add to those submitted last year.

However, we want to raise some issues with your reporting of "Hospital Characteristics" from the AHA 1986 Survey. If I understand your intent, I believe your data needs to be corrected:

Beds (#): You show "271", but that counts only our Medical/Surgical beds staffed (see page 9 of AHA Survey). For other hospitals, I believe you are reporting line 26, total facility beds staffed, so our correct number would be 337. This correction would change our occupancy rate from 75 to 78%.

Staffing: You have correctly reported our number of physicians as 216, but we showed on page 21 that 163 are Board certified. This would change our percentage from 66% to 75%.

Registered Nurses per Bed: Your staffing ratios apparently used 271 beds as the denominator. Using 337 beds and the 212 R.N. FTE's plus 50% of the part-time employees, the R.N. ratio is 0.62 per bed and the L.P.N. ratio is 0.18 per bed.

Specialty Services: Hospice care is provided at Lawrence General in specially designed and designated rooms. Our surveys and the AHA Guide has reported this accurately for several years. I can not explain your report.

I believe these corrections will more accurately reflect our Hospital information. Thank you.

Sincerely,

Calvin M. Johnson

Calvin M. Johnson
Vice President, Professional Services

CMJ/jte
Enclosures

LAWRENCE MEM HOSP OF MEDFORD

170 GOVERNORS AVE
MEDFORD, MA 02155

Medicare Hospital Provider Number: 220070

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,352	11	10 - 15	1,339	12	12 - 17
Cancer	61	49	35 - 63	66	45	31 - 59
Cerebrovascular Accidents	52	21	17 - 41	47	9	21 - 40
Gastrointestinal Catastrophes	18	28	19 - 62	14	29	15 - 63
Infectious Disease	14	43	16 - 65	10	40	15 - 71
Metabolic/Electrolyte Disorders	23	13	8 - 43	37	22	11 - 43
Pulmonary Disease	65	23	15 - 38	70	23	15 - 37
Renal Failure	2	50	5 - 94	8	38	9 - 77
Severe Acute Heart Disease	53	38	29 - 56	73	33	31 - 54
Severe Chronic Heart Disease	56	18	15 - 36	73	27	17 - 38
Severe Trauma	0	-	-	2	0	3 - 88
Gastrointestinal Disease	106	1	1 - 8	106	0	1 - 6
Gynecologic Disease	9	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	121	4	1 - 10	134	1	2 - 6
Musculoskeletal/Skin Conditions	124	2	1 - 9	113	3	1 - 10
Neuropsychiatric/Sensory Disease	134	1	1 - 8	65	5	0 - 26
Urologic Disease	39	0	0 - 36	37	0	0 - 32

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 200
Occupancy Rate (%): 57
Ownership/Control: Private, Non-profit

STAFFING

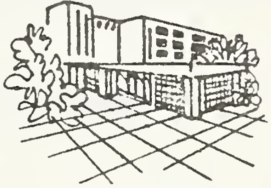
Total Number of Physicians: 102
Percent of Physicians Who Are Board Certified Specialists: 75
Interns and Residents: 0
Registered Nurses: 114
Licensed Practical Nurses: 13

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

CHARLES F. JOHNSON
PRESIDENT

Lawrence Memorial Hospital
of Medford



170 Governors Avenue
Medford, Massachusetts
02155
617-396-9250

October 17, 1988

William Roper, M.D.
Administrator
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Dr. Roper:

We again appreciate your sharing with us our Medicare Mortality Statistics for 1986 and 1987.

We were pleased to find that our data is well within the expected targets. Further study and analysis will allow all hospital providers to achieve what we mutually desire - the optimal care of beneficiaries.

Sincerely yours,

Edward P Butler MD

Charles F. Johnson
President

Edward P. Butler, M.D.
Chief of Staff

tmc

LEOMINSTER HOSPITAL, INC

HOSPITAL RD
LEOMINSTER, MA 01453

Medicare Hospital Provider Number: 220094

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	944	14	12 - 17	965	12	10 - 15
Cancer	31	61	25 - 60	33	45	22 - 58
Cerebrovascular Accidents	48	27	14 - 40	43	33	15 - 44
Gastrointestinal Catastrophes	23	22	16 - 54	9	33	6 - 66
Infectious Disease	11	18	13 - 61	9	11	11 - 61
Metabolic/Electrolyte Disorders	50	38	14 - 46	19	11	7 - 43
Pulmonary Disease	58	24	19 - 43	60	25	16 - 40
Renal Failure	8	50	18 - 84	10	10	12 - 68
Severe Acute Heart Disease	34	24	24 - 54	47	38	24 - 53
Severe Chronic Heart Disease	39	26	14 - 42	51	20	16 - 40
Severe Trauma	3	33	1 - 88	2	0	1 - 92
Gastrointestinal Disease	84	4	1 - 13	78	4	2 - 13
Gynecologic Disease	5	0	0 -100	15	7	0 -100
Low-Risk Heart Disease	103	4	1 - 11	130	3	1 - 9
Musculoskeletal/Skin Conditions	84	6	0 - 22	80	4	0 - 20
Neuropsychiatric/Sensory Disease	36	0	0 - 19	31	0	0 - 50
Urologic Disease	26	0	0 - 83	25	0	0 - 68

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	118
Occupancy Rate (%):	70
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	87
Percent of Physicians Who Are Board Certified Specialists:	67
Interns and Residents:	0
Registered Nurses:	77
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

LEOMINSTER
HOSPITAL

October 20, 1988

Medicare Provider No. 220094

Health Standards and Quality Bureau HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Blvd.
Baltimore, MD 21207

Dear Mrs. Kappert:

We have reviewed the HCFA-generated mortality information for Medicare patients discharged from Leominster Hospital in 1987 and have the following comments to offer specifically for the cancer grouping:

The data supplied by HCFA indicate that 19 of 31 patients identified as having cancer died within 30 days of their last admission to the hospital. Individual case review revealed the following:

- All patients reviewed were admitted in an advanced cancerous state.
- At least ten attending physicians were involved in the care of these patients, an indication that no one specific treatment modality could be implicated in these anticipated deaths. Indeed, individual case review revealed no quality of care or patient management issues requiring further investigation.
- The hospital maintains an active oncology program based at the facility for the treatment of these patients in their community. The oncology clinic provides chemotherapy, oncology consults and re-evaluation, counselling and support groups, as well as a referral and transportation service to Worcester for radiation therapy on an outpatient basis. In effect, the Leominster Hospital has become the primary care hospital for these patients.

  The mortality rate, then, is not so much a problem indicator as it is a reflection of our Clinic's efforts to assist the family's making maximum use of the home setting during the patient's terminal stage of illness.

Also, we are returning the "Hospital Characteristics" page to you, noting changes made per the 1987 AHA survey.

Please let me know if I can provide additional information to further clarify these statistics.

Sincerely,

John M. Carlson
Executive Vice President and COO

JMC/clb
ref: 014/1
Attachments

LEONARD MORSE HOSP

67 UNION ST
NATICK, MA 01760

Medicare Hospital Provider Number: 220048

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,604	10	10 - 15	1,555	12	11 - 16
Cancer	61	41	27 - 55	59	49	30 - 58
Cerebrovascular Accidents	68	26	18 - 41	50	20	16 - 40
Gastrointestinal Catastrophes	16	31	16 - 62	13	23	19 - 67
Infectious Disease	18	33	18 - 62	18	39	17 - 62
Metabolic/Electrolyte Disorders	48	27	10 - 41	80	21	12 - 37
Pulmonary Disease	80	21	17 - 38	121	21	19 - 37
Renal Failure	2	50	7 - 98	3	0	9 - 85
Severe Acute Heart Disease	68	29	29 - 53	67	34	28 - 53
Severe Chronic Heart Disease	77	17	16 - 34	83	29	16 - 37
Severe Trauma	6	33	5 - 74	2	50	4 - 93
Gastrointestinal Disease	133	4	1 - 10	105	4	1 - 11
Gynecologic Disease	21	0	0 -100	20	0	0 -100
Low-Risk Heart Disease	183	3	1 - 7	203	5	2 - 9
Musculoskeletal/Skin Conditions	162	1	1 - 6	162	2	1 - 8
Neuropsychiatric/Sensory Disease	71	3	0 - 19	50	6	0 - 26
Urologic Disease	68	0	0 - 13	58	0	0 - 13

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 259
Occupancy Rate (%): 63
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 105
Percent of Physicians Who Are Board Certified Specialists: 72
Interns and Residents: 0
Registered Nurses: 218
Licensed Practical Nurses: 50

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Leonard
Morse
Hospital

October 21, 1988

Hospital ID #220048

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Attn: William L. Roper, M.D.
Administrator

Dear Dr. Roper:

The Leonard Morse Hospital's 1987 Mortality Data is within the predicted range according to the HCFA model. Similar to last year, our staff has reviewed this information by diagnostic category in order to better identify issues that may impact on the external data presentation and any internal quality issues.

The primary objection of statistical analysis is to infer characteristics of the population by analyzing a small sampling, but the sample size should reflect the "best" estimate.

Last year our hospital identified the interpretive problem that a small sample can reflect in disease categories. This continues to be a problem in the 1987 data. The Renal Failure and Severe Trauma groupings are particularly noteworthy. These categories have only two and six patients listed respectively. These small numbers appear to inflate any mortality rate and misrepresent any possibility of a useful predictability range (i.e. 0 - 98%). This type of information is virtually without value. Using your data, the (quality of) care rendered at our institution, be it exemplary or unsafe, cannot possibly be measured by our professional staff, let alone a prospective patient or review agency.

Affiliated with the
Tufts University
School of Medicine -
New England
Medical Center

67 Union Street
Natick,
Massachusetts
01760
(617) 653-3400

HCFA's recalculating of last year's data in some categories did decrease this problem. For example, the addition of other diagnoses to the Eye Disease category changed this group to Neuropsychiatric and Sensory Disorders and provided a larger sample size. When this sample was recalculated, the numbers demonstrated a predictability range that was more meaningful.

We would, therefore, suggest that when a hospital has a very small sample of patients in a category that this group either be eliminated or added into the "All Other" category.

Severe Trauma is generally assumed to describe a catastrophic occurrence causing multiple or extensive injury. Three of our six patients suffered head injuries and did recover. They appear appropriate in this category. But the addition this year of the diagnosis of Foreign Body in Trachea (ICD Code 934.0) to the Severe Trauma Category can easily misconstrue these numbers. The other three of our six patients had this diagnosis, and two did not survive. The non-survivors were 86 and 93 years old, had aspirated food, and were plagued with various chronic and debilitating diseases. The aspiration events occurred prior to their admission to the hospital in both instances. Despite prompt and appropriate treatment, both patients died. Because of them, our mortality rate was calculated to be 33% in this category. Thus, the possible perception of our hospital by a believer in these numbers could be that our care provided in commonly thought of emergency cases is substandard, and this simply cannot be determined by the provided statistics.

Unlike the previous year's Eye Category, the recalculations of this group (Severe Trauma) with the addition of the diagnosis of Foreign Body in Trachea did not add significantly to our sample size and, in fact, the sample decreased from 33 to 2 patients in the 1986 data.

The Mortality Data presented in categories is of some benefit in that we are able to review similar diagnoses for emerging patterns. But again, we request continued refinement of this information.

The Leonard Morse Hospital is committed to the concept of quality care. This is accomplished by providing the resources to aid in the professional review and the continued education of its medical and ancillary staff.

The Mortality Data has provided us with another method of evaluating our medical care.

Sincerely,

Jeanne B. Wyatt

LOWELL GENERAL HOSPITAL

295 VARNUM AVENUE
LOWELL, MA 01854

Medicare Hospital Provider Number: 220063

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,365	14	11 - 16	1,452	15	12 - 17
Cancer	40	57	24 - 57	59	44	30 - 58
Cerebrovascular Accidents	67	27	19 - 41	57	25	18 - 42
Gastrointestinal Catastrophes	18	44	19 - 65	12	42	16 - 69
Infectious Disease	15	27	15 - 60	10	20	16 - 67
Metabolic/Electrolyte Disorders	49	31	13 - 44	47	43	12 - 44
Pulmonary Disease	84	32	16 - 38	112	31	17 - 38
Renal Failure	1	100	3 - 98	5	20	17 - 89
Severe Acute Heart Disease	67	30	27 - 51	91	37	29 - 51
Severe Chronic Heart Disease	97	19	17 - 34	88	22	15 - 33
Severe Trauma	2	0	0 - 94	5	60	3 - 78
Gastrointestinal Disease	108	6	1 - 15	105	5	1 - 13
Gynecologic Disease	11	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	141	4	1 - 10	142	1	2 - 7
Musculoskeletal/Skin Conditions	122	1	1 - 7	111	4	1 - 11
Neuropsychiatric/Sensory Disease	29	7	0 - 62	45	0	0 - 22
Urologic Disease	57	2	0 - 20	75	4	0 - 19

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 293
Occupancy Rate (%): 57
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 184
Percent of Physicians Who Are Board Certified Specialists: 71
Interns and Residents: 0
Registered Nurses: 192
Licensed Practical Nurses: 41

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Lowell
General
Hospital
LGH
Varnum Avenue Lowell, Massachusetts 01854-2195 Phone (617) 937-6000

Medicare Provider #
220063

October 24, 1988

Mrs. Sandra Kappert
Health Standards & Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Once again, thank you for allowing hospitals the opportunity of commenting on the 1987 Medicare Hospital Mortality Report. We were pleased to see that the actual mortality rates for Lowell General Hospital Medicare patients in each of the sixteen diagnostic categories is well within the range of predicted mortality rates presented in your model.

We found a high degree of accuracy in the data submitted by the Health Care Financing Administration for the subjects in the study. We attribute this accuracy to the high standards we maintain for submission of data to Medicare.

Four of the sixteen diagnostic categories were targeted for review: Cancer, Gastrointestinal Catastrophies, Metabolic/ Electrolyte Disturbances, and Pulmonary Disease. These categories were selected because the mortality rates, while within the predicted range, were slightly higher than the median of the range. A total of seventy-three cases were reviewed by our Quality Assurance Staff. In 100% of the cases, the care was found to be entirely appropriate.

Some of the common factors that these patients share are as follows: Nine out of ten patients had at least one prior hospitalization at Lowell General Hospital. Eighty-one percent of the patients had documented serious complications and/or comorbidities and more than half of the patients were transferred to our facility from area nursing homes. In summary, the patients in this sample represent an elderly population who have, for the most part, been in and out of the hospital because of serious multiple comorbidities and complications.

We share your concern for the quality of care for all patients. The Board of Trustees, through the Patient Care Assessment Committee, monitors the performance of hospital and medical staff committees charged with the responsibility for reviewing the quality of patient care. In addition to our own internal Quality

Lowell
General
Hospital
LGH

Medicare Provider #
220063

TO: Mrs. Kappert
FROM: Mr. Donovan
DATE: October 24, 1988
PAGE: 2

Assurance Programs, we maintain a close working relationship with the Massachusetts PRO (MassPRO) who performs quality reviews on Medicare patients, some of which are included in this study, on behalf of HCFA. Our records indicate that we have not had a single serious quality issue raised by the PRO for the period of time in this study.

In conclusion, I sincerely hope that you make it clear that information contained in this study on its own is not a complete measure of the quality of care at an individual hospital. The range for predicted mortality is susceptible to misinterpretation by those who would make judgements about the quality of care in an individual hospital or in making comparisons among hospitals.

Thank you.

Sincerely,

Robert A. Donovan

Robert A. Donovan
President/Chief Executive Officer

RAD:SPM:JDR

LUDLOW HOSPITAL SOCIETY

14 CHESTNUT PLACE
LUDLOW, MA 01056

Medicare Hospital Provider Number: 220099

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	539	15	11 - 18	510	13	10 - 16
Cancer	11	45	22 - 76	11	45	20 - 74
Cerebrovascular Accidents	16	31	10 - 55	12	25	6 - 56
Gastrointestinal Catastrophes	5	40	8 - 80	1	0	0 - 98
Infectious Disease	8	13	14 - 66	5	40	8 - 80
Metabolic/Electrolyte Disorders	28	21	14 - 49	16	38	15 - 62
Pulmonary Disease	28	39	12 - 49	26	12	14 - 42
Renal Failure	0	-	-	2	100	11 - 96
Severe Acute Heart Disease	31	42	24 - 59	24	42	20 - 59
Severe Chronic Heart Disease	35	31	11 - 43	40	15	13 - 37
Severe Trauma	0	-	-	1	0	0 - 99
Gastrointestinal Disease	50	6	0 - 28	43	0	1 - 13
Gynecologic Disease	0	-	-	4	0	0 -100
Low-Risk Heart Disease	59	2	1 - 13	55	5	0 - 21
Musculoskeletal/Skin Conditions	58	5	0 - 26	44	2	1 - 18
Neuropsychiatric/Sensory Disease	6	0	0 -100	11	9	0 - 99
Urologic Disease	18	6	0 - 87	23	4	0 - 97

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 94
Occupancy Rate (%): 32
Ownership/Control: Private, Non-profit

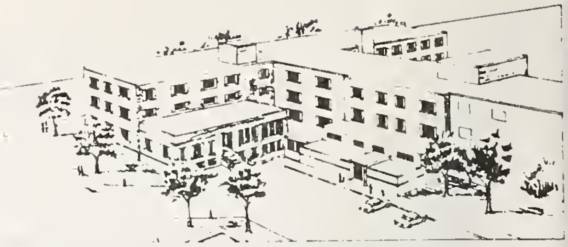
STAFFING

Total Number of Physicians: 36
Percent of Physicians Who Are Board Certified Specialists: 53
Interns and Residents: 0
Registered Nurses: 40
Licensed Practical Nurses: 13

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Ludlow Hospital



October 25, 1988

Mrs. Sandra Kappert
Health Care Financing Administration
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Ludlow Hospital has received and reviewed the mortality data furnished by the Health Care Financing Administration and the following is our response to this information.

Out of a total of 539 patients included in the survey, all mortality cases were reviewed from both the high/low risk categories. The review revealed that an actual mortality rate of 15% was well within the range of predicted mortality rates provided by HCFA.

Upon further review, results showed a figure of 19% of all mortalities were patients having expired outside of the facility.

Of all the diagnostic categories included in the HCFA data, the actual mortality rates of each disease entity were within the range of predicted mortality rates furnished by HCFA.

With regard to the "hospital characteristics" for Ludlow Hospital, we have not had the opportunity to review the accuracy of the data. The Hospital would be pleased to provide any interested persons with the accurate numbers, and that such persons should contact the Hospital to obtain this information.

Respectfully submitted,

Judith A. Knight RN

Judith A. Knight, R.N.
Utilization Review Coordinator

JAK:hmw

cc: Administration

14 CHESTNUT PLACE • LUDLOW, MASSACHUSETTS 01056 • (413) 583-8361

MARLBOROUGH HOSP

57 UNION ST
MARLBOROUGH, MA 01752

Medicare Hospital Provider Number: 220049

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	866	16	13 - 19	957	16	13 - 19
Cancer	23	39	27 - 67	27	63	26 - 64
Cerebrovascular Accidents	34	32	12 - 44	41	22	16 - 43
Gastrointestinal Catastrophes	11	45	16 - 71	12	50	16 - 69
Infectious Disease	14	50	15 - 65	15	47	22 - 71
Metabolic/Electrolyte Disorders	51	24	14 - 43	42	31	12 - 45
Pulmonary Disease	56	30	16 - 42	73	25	13 - 36
Renal Failure	3	0	7 - 83	3	67	9 - 92
Severe Acute Heart Disease	60	33	28 - 54	64	41	29 - 54
Severe Chronic Heart Disease	48	35	15 - 43	56	20	16 - 38
Severe Trauma	6	17	9 - 72	1	0	0 - 99
Gastrointestinal Disease	48	2	1 - 15	73	5	1 - 16
Gynecologic Disease	6	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	120	2	1 - 9	110	5	1 - 12
Musculoskeletal/Skin Conditions	47	0	1 - 11	43	2	0 - 20
Neuropsychiatric/Sensory Disease	17	6	0 - 54	19	5	0 - 93
Urologic Disease	34	0	0 - 29	26	0	0 - 58

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	164
Occupancy Rate (%):	55
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	82
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	0
Registered Nurses:	174
Licensed Practical Nurses:	17

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MARLBOROUGH HOSPITAL 57 Union St., Marlborough, MA 01752 (617) 485-1121
Medicare Provider #220049

October 21, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 212017

ATTENTION: Sandra Kappert

Dear Ms. Kappert:

After careful review of the Health Care Financing Administration (H.C.F.A.) Medicare Mortality Data, the following errors were found:

> A patient transferred from Marlborough Hospital to another facility was incorrectly included in our data.
>
> One patient´s date of admission was incorrectly identified as that patient´s last admission, and the date of death is also incorrect.

The H.C.F.A. Medicare Mortality data represents 866 Medicare patients, averaging 80 years of age, admitted to Marlborough Hospital in 1987. This total reflects the number of individuals admitted, however, many were admitted here more than once.

> Of the 866, H.C.F.A. identified 136 patients who passed away at Marlborough Hospital or within 30 days of admission to Marlborough Hospital.
>
> > Of the 136, 20 passed away outside the acute care hospital setting. Further review of these 20 deaths, via the patient´s medical record, revealed that 10 involved patients or their representatives who did not want life sustaining measures initiated.
> >
> > Of the 116 patients who passed away at Marlborough Hospital, 37 passed away within 48 hours of admission indicating the high severity of illness at the time of admission. Again, 19 of these patients or their representatives did not want life sustaining measures initiated.

Of the 79 remaining patients, it should be noted that most had multiple debilitating health conditions. Many other variables, in addition to severity of illness, such as social or cultural factors and individual compliance to medical intervention need to be considerd.

It is our belief that the statistical death rates do not confirm or deny the quality of patient care management. The statistical data is useful for identifying areas requiring more indepth review. The only accurate measurement of patient care management is derived through individual clinical review.

H.C.F.A. also contends that the Mortality Rate Data is only a single, preliminary step in the process of measuring the quality of health care. Marlborough Hospital has had a comprehensive peer review system in place for several years, and mortality review is one of the multiple elements in this process. The availability of data regarding deaths subsequent to discharge has enhanced our mortality review system.

Marlborough Hospital supports all efforts to produce indicators that assist health care providers in monitoring and evaluating patient care management. The Marlborough Hospital Board of Directors, Medical Staff, Administration, and employees remain committed to providing high quality care to all members of the community who access our services.

Sincerely,

Marlborough Hospital

Thomas E. Cummings
President

MARTHAS VINEYARD HOSP

LINTON LANE
OAK BLUFFS, MA 02557

Medicare Hospital Provider Number: 220123

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	360	10	10 - 17	392	12	9 - 17
Cancer	14	71	22 - 69	14	57	23 - 72
Cerebrovascular Accidents	15	13	11 - 49	15	33	10 - 56
Gastrointestinal Catastrophes	3	67	5 - 86	3	0	6 - 80
Infectious Disease	1	100	0 - 99	4	25	5 - 80
Metabolic/Electrolyte Disorders	8	25	4 - 66	7	14	2 - 67
Pulmonary Disease	17	24	10 - 51	26	19	11 - 44
Renal Failure	1	100	3 - 98	1	0	3 - 99
Severe Acute Heart Disease	24	25	24 - 60	18	33	24 - 67
Severe Chronic Heart Disease	14	7	9 - 44	16	25	11 - 53
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	21	0	1 - 24	23	0	0 - 41
Gynecologic Disease	7	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	37	0	1 - 14	38	3	0 - 24
Musculoskeletal/Skin Conditions	42	0	0 - 16	55	5	1 - 20
Neuropsychiatric/Sensory Disease	27	0	0 - 26	26	8	0 - 87
Urologic Disease	13	0	0 - 71	27	4	0 - 88

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 80
Occupancy Rate (%): 81
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 14
Percent of Physicians Who Are Board Certified Specialists: 100
Interns and Residents: 0
Registered Nurses: 35
Licensed Practical Nurses: 3

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac intensive Care: No
Organ Transplant Service: No
Hospice Care: No

MARTHA'S
HOSPITAL
VINEYARD

October 24, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimore, MD 21207

Hospital ID: 220123

Dear Dr. Roper:

We appreciate this opportunity to respond to the 1987 HCFA mortality data. We agree and are pleased to see that HCFA recognizes that this information by itself is not a complete measure of quality of care. However, it is a useful tool to review and identify opportunities for improvement of our health care system.

We were able to review 34 of the 36 cases identified. Two cases had been sent out for microfiche and were unavailable.

Our overall mortality rate was lower than last year but the mortality rate for the cancer category was higher. Upon review of these 10 cancer cases, all were found to be in the terminal stages of their disease and appropriate treatment was rendered.

Although HCFA has refined their methodology, we again found that statistical interpretation reflects a small volume and requires careful explanation when computing percentages. For example, there were two categories that had 100% mortality rate. This 100% reflects one patient in each category and each patient died. Our case review showed death was an expected outcome and appropriate do not resuscitate orders were in place.

This year HCFA provided more information regarding their methodology in determining the predicted mortality rate. This was helpful in understanding their report; however, discrepancies arose in their figures when the method was applied to the 1986 data. For example, in the category gastrointestinal catastrophies, data provided last year indicated we had 7 cases and a 14% mortality rate. The revised data for 1986 indicates 3 cases with a zero percent mortality rate. This significant discrepancy conveys a different message of care rendered at Martha's Vineyard Hospital. This discrepancy suggests a lack of credibility in the HCFA data. We have included the data you published last year for comparison.

Upon case review of all the other categories, we found seven cases which should have been placed in a diagnosis specific category since the principle diagnosis was properly coded. In addition, we found one case misclassified and again properly coded.

Statistically, of the 34 cases reviewed 26 patients died at our facility, 6 died at home and 2 were transferred to another facility and died there.

There were no quality of care issues found, but there were three common factors that influenced patient outcome. One or all three factors were present in each case. The three factors were:

1. Patients were in the terminal stages of their disease.
2. They were extremely elderly and had suffered a major insult.
3. The patient and/or the family requested that no aggressive measures be undertaken.

Quality of care at Martha's Vineyard Hospital is more than mortality data. It is our Quality Assurance plan which has been developed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care. The mortality case review which is done monthly as a medical staff monitor is an internal process of evaluating patient care. We view the HCFA mortality data as an external process and a monitor which can be used to evaluate only one aspect of patient care but does not provide a total picture of quality of care at our institution.

Along with my comments I have included corrections to our hospital profile, comparative figures from last year's mortality report and the corrections to patient classification that were found on review.

Sincerely,

David F. Federowicz

David F. Federowicz
President

MEL:ps
Enclosures

MARY AND ARTHUR CLAPHAM HOSP LEAHY C

41 MALL RD
BURLINGTON, MA 01803

Medicare Hospital Provider Number: 220171

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,181	7	8 - 12	2,218	8	8 - 12
Cancer	141	33	30 - 50	143	39	30 - 51
Cerebrovascular Accidents	32	9	15 - 38	31	16	14 - 42
Gastrointestinal Catastrophes	13	31	17 - 67	17	35	18 - 64
Infectious Disease	12	17	17 - 62	11	55	16 - 71
Metabolic/Electrolyte Disorders	24	38	13 - 54	30	30	14 - 51
Pulmonary Disease	54	22	16 - 40	40	22	13 - 41
Renal Failure	5	20	6 - 78	7	14	7 - 72
Severe Acute Heart Disease	46	22	24 - 49	63	30	27 - 51
Severe Chronic Heart Disease	68	18	15 - 35	57	16	15 - 36
Severe Trauma	1	0	0 - 99	3	33	4 - 86
Gastrointestinal Disease	183	0	1 - 4	173	4	1 - 9
Gynecologic Disease	26	0	0 -100	31	0	0 -100
Low-Risk Heart Disease	191	4	2 - 8	206	3	1 - 7
Musculoskeletal/Skin Conditions	257	2	0 - 7	267	1	0 - 5
Neuropsychiatric/Sensory Disease	67	3	0 - 24	74	1	0 - 22
Urologic Disease	173	1	0 - 7	207	0	0 - 5

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1986

Total Beds (#):	200
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	53
Registered Nurses:	365
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

MARY LANE HOSP

85 SOUTH ST
WARE, MA 01082

Medicare Hospital Provider Number: 220050

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	498	15	8 - 16	505	9	8 - 14
Cancer	10	70	17 - 71	12	42	12 - 65
Cerebrovascular Accidents	20	20	12 - 49	18	33	14 - 57
Gastrointestinal Catastrophes	4	50	8 - 84	2	50	3 - 92
Infectious Disease	2	50	1 - 93	2	50	1 - 93
Metabolic/Electrolyte Disorders	22	36	7 - 50	17	18	4 - 48
Pulmonary Disease	25	32	14 - 51	23	9	11 - 40
Renal Failure	5	80	15 - 85	4	75	11 - 87
Severe Acute Heart Disease	19	53	17 - 61	17	24	16 - 57
Severe Chronic Heart Disease	31	26	11 - 42	34	12	11 - 36
Severe Trauma	0	-	-	1	0	1 - 97
Gastrointestinal Disease	41	2	0 - 26	39	5	0 - 39
Gynecologic Disease	5	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	59	5	0 - 22	80	0	1 - 7
Musculoskeletal/Skin Conditions	52	4	0 - 21	46	0	0 - 15
Neuropsychiatric/Sensory Disease	10	0	0 - 95	10	0	0 - 97
Urologic Disease	32	0	0 - 55	19	0	0 - 69

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	58
Occupancy Rate (%):	44
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	29
Percent of Physicians Who Are Board Certified Specialists:	62
Interns and Residents:	0
Registered Nurses:	40
Licensed Practical Nurses:	13

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MASS OSTEOPATHIC HOSP. & MEDICAL CTR

222 SOUTH HUNTINGTON AVENUE
BOSTON, MA 02130

Medicare Hospital Provider Number: 220117

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	302	6	5 - 11	190	6	8 - 16
Cancer	0	-	-	3	67	13 - 94
Cerebrovascular Accidents	3	33	2 - 86	0	-	-
Gastrointestinal Catastrophes	2	0	2 - 88	0	-	-
Infectious Disease	1	0	0 -100	0	-	-
Metabolic/Electrolyte Disorders	19	5	9 - 40	15	20	10 - 55
Pulmonary Disease	15	33	13 - 59	20	20	14 - 51
Renal Failure	3	33	3 - 87	3	33	4 - 88
Severe Acute Heart Disease	2	50	3 - 92	2	0	2 - 88
Severe Chronic Heart Disease	4	25	2 - 81	11	18	8 - 56
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	11	0	0 - 98	7	0	0 -100
Gynecologic Disease	0	-	-	2	0	0 -100
Low-Risk Heart Disease	14	0	0 - 68	15	0	0 - 74
Musculoskeletal/Skin Conditions	29	0	0 - 27	48	0	0 - 23
Neuropsychiatric/Sensory Disease	161	2	1 - 8	22	0	0 - 56
Urologic Disease	1	0	0 -100	5	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#): 80
Ownership/Control: Private, Non-profit

STAFFING

Interns and Residents: 0
Registered Nurses: 25
Licensed Practical Nurses: 16

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: No
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

MASSACHUSETTS EYE AND EAR INFIRMARY

243 CHARLES ST
BOSTON, MA 02114

Medicare Hospital Provider Number: 220075

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,755	1	2 - 6	2,013	0	2 - 5
Cancer	27	0	29 - 48	20	15	22 - 57
Cerebrovascular Accidents	2	50	4 - 92	1	0	0 - 99
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	2	0	1 - 90	2	0	1 - 90
Metabolic/Electrolyte Disorders	4	25	12 - 85	4	0	15 - 79
Pulmonary Disease	4	25	7 - 81	2	50	2 - 92
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	1	0	1 - 97
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	7	0	0 -100	12	0	0 - 96
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	3	0	0 -100	4	0	0 -100
Musculoskeletal/Skin Conditions	31	3	0 - 33	24	0	0 - 75
Neuropsychiatric/Sensory Disease	1,302	0	1 - 4	1,563	0	1 - 4
Urologic Disease	1	0	0 -100	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	174
Occupancy Rate (%):	51
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	297
Percent of Physicians Who Are Board Certified Specialists:	92
Interns and Residents:	42
Registered Nurses:	165
Licensed Practical Nurses:	25

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	Yes
Hospice Care:	No

MASSACHUSETTS GENERAL HOSP

FRUIT ST
BOSTON, MA 02114

Medicare Hospital Provider Number: 220071

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	7,092	9	10 - 14	7,026	9	10 - 14
Cancer	479	29	32 - 48	459	29	33 - 50
Cerebrovascular Accidents	200	17	19 - 32	208	21	19 - 33
Gastrointestinal Catastrophes	68	38	25 - 54	51	37	22 - 54
Infectious Disease	39	38	21 - 54	37	51	23 - 58
Metabolic/Electrolyte Disorders	42	17	14 - 43	43	21	13 - 43
Pulmonary Disease	198	26	18 - 34	221	20	18 - 33
Renal Failure	43	21	12 - 58	37	38	12 - 63
Severe Acute Heart Disease	228	38	31 - 47	215	40	32 - 48
Severe Chronic Heart Disease	257	16	19 - 31	227	19	18 - 31
Severe Trauma	24	17	9 - 46	26	27	13 - 53
Gastrointestinal Disease	452	2	2 - 6	434	1	2 - 5
Gynecologic Disease	80	0	0 - 83	62	0	0 - 55
Low-Risk Heart Disease	850	5	3 - 6	848	4	3 - 6
Musculoskeletal/Skin Conditions	699	1	1 - 4	691	1	1 - 4
Neuropsychiatric/Sensory Disease	233	6	1 - 10	265	2	1 - 6
Urologic Disease	481	0	0 - 4	443	1	1 - 5

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	1,081
Occupancy Rate (%):	80
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	1,034
Percent of Physicians Who Are Board Certified Specialists:	95
Interns and Residents:	70
Registered Nurses:	1,447
Licensed Practical Nurses:	82

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	Yes
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

MELROSE-WAKEFIELD HOSP

585 LEBANON ST
MELROSE, MA 02176

Medicare Hospital Provider Number: 220106

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,153	10	11 - 15	2,138	10	10 - 14
Cancer	77	39	32 - 57	56	36	29 - 57
Cerebrovascular Accidents	62	27	20 - 43	60	30	18 - 42
Gastrointestinal Catastrophes	19	16	16 - 54	11	27	17 - 69
Infectious Disease	11	18	19 - 67	21	33	18 - 60
Metabolic/Electrolyte Disorders	52	15	14 - 41	40	17	10 - 40
Pulmonary Disease	128	27	21 - 39	159	19	18 - 34
Renal Failure	11	36	19 - 80	8	38	8 - 76
Severe Acute Heart Disease	92	34	27 - 49	94	28	29 - 49
Severe Chronic Heart Disease	123	23	17 - 33	107	18	17 - 33
Severe Trauma	3	0	6 - 80	5	60	4 - 78
Gastrointestinal Disease	227	2	1 - 7	190	0	2 - 5
Gynecologic Disease	15	0	0 -100	22	0	0 - 87
Low-Risk Heart Disease	267	2	2 - 6	318	2	2 - 5
Musculoskeletal/Skin Conditions	217	0	1 - 5	241	1	2 - 5
Neuropsychiatric/Sensory Disease	52	4	0 - 28	45	0	0 - 17
Urologic Disease	64	2	0 - 14	47	0	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 253
Occupancy Rate (%): 70
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 122
Percent of Physicians Who Are Board Certified Specialists: 80
Interns and Residents: 0
Registered Nurses: 197
Licensed Practical Nurses: 16

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Provider #220106

October 18, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

We, once again, welcome the opportunity to express our comments in conjunction with the printing of the 1987 HCFA Mortality Data.

The diagnoses clusters presented this year have been reorganized to provide more cohesive groupings. Additionally, the process of recognizing and acting on the need for acuity adjustment when presenting statistical information has begun. We encourage this effort.

The entire staff at Melrose-Wakefield Hospital is deeply committed concerning the importance of quality in the delivery of both clinical and non-clinical services provided to patients. We are a community hospital with Medicare beneficiaries comprising over half of our patient population. Our sense of responsibility to our mature patients was reinforced when recently a new position of Elder Services Coordinator was created. It is anticipated that this will afford us a better opportunity to serve the senior members of our community in our hospital setting.

Sincerely,

Richard S. Quinlan
President

RSQ:eh

MERCY HOSPITAL

271 CAREW STREET
SPRINGFIELD, MA 01104

Medicare Hospital Provider Number: 220066

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,444	13	11 - 15	3,230	12	10 - 14
Cancer	168	38	29 - 49	149	41	29 - 51
Cerebrovascular Accidents	161	29	19 - 35	134	25	19 - 36
Gastrointestinal Catastrophes	27	22	17 - 53	36	28	20 - 54
Infectious Disease	36	42	24 - 58	28	36	24 - 61
Metabolic/Electrolyte Disorders	65	40	13 - 43	63	22	16 - 43
Pulmonary Disease	203	26	20 - 36	153	23	16 - 34
Renal Failure	24	46	25 - 77	20	35	12 - 67
Severe Acute Heart Disease	137	35	30 - 49	119	29	30 - 49
Severe Chronic Heart Disease	159	21	16 - 30	128	28	17 - 34
Severe Trauma	4	25	2 - 82	8	13	6 - 62
Gastrointestinal Disease	298	4	1 - 7	308	3	1 - 6
Gynecologic Disease	30	0	0 -100	29	0	0 - 99
Low-Risk Heart Disease	261	3	2 - 7	256	6	2 - 8
Musculoskeletal/Skin Conditions	335	2	1 - 6	292	2	1 - 6
Neuropsychiatric/Sensory Disease	137	3	1 - 10	169	2	0 - 8
Urologic Disease	149	2	0 - 12	155	3	0 - 9

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	322
Occupancy Rate (%):	75
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	221
Percent of Physicians Who Are Board Certified Specialists:	44
Interns and Residents:	0
Registered Nurses:	229
Licensed Practical Nurses:	56

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Mercy Hospital

October 21, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Provider # 220066

Dear Mrs. Kappert:

Thank you for the opportunity to respond to HCFA's Medicare Hospital Mortality Information for 1987 for Mercy Hospital. Our review indicates that the data presented has been reviewed and verified and is essentially correct. Mercy Hospital's actual mortality rate is well within the range for predicted mortality in all the diagnostic categories listed.

We did note an increase in the mortality rate for calendar year 1987 in one diagnostic category, namely, Metabolic/Electrolyte Disturbances (40% in 1987, 22% in 1986). These cases were reviewed in detail and it appears that there were some inaccuracies noted in the coding of records. As a result, we have instituted a new quality check procedure of final coding after the discharge summary is added to the medical record. Medical Records Department will also initiate this quality check as part of their concurrent quality assurance monitoring. It is anticipated that the coding inaccuracies should be significantly reduced with these added checks in place.

The information listed under the Hospital Characteristics section needs to be revised (see Attachment).

Review of all mortality cases is conducted by the respective departments of the Medical Staff. This review is performed on a monthly basis by the Medical Staff and reviewed in detail at the respective Medical Staff Department meetings.

The Patient Care Assessment and Quality Assurance Department is responsible for assuring that the quality of care rendered in our hospital is of the highest caliber. The physicians are responsible for conducting peer review of any cases that are

(cont)

questionable and fall out of the occurrence screening process. Likewise, the Board of Trustees and the Hospital Management are clearly involved by reviewing the reports from the Patient Care Assessment and Quality Assurance Committee on a monthly basis. They have indicated their approval of the process the Medical Staff utilizes, as the peer review component, to closely monitor the quality of care rendered at the Mercy Hospital.

Mortality review is only one of the many indicators the hospital monitors to assure that the patients admitted to the Mercy Hospital receive the highest quality of care that they expect to receive and that the hospital can efficiently and effectively render under the cost-controlled atmosphere.

Thank you again, for the opportunity to respond to the Medicare Hospital Mortality Information Report. We applaud the concern that HCFA has evidenced in assuring that the health care provided in our great country is of the highest quality.

Sincerely,

Sister Mary Caritas

Sister Mary Caritas, S.P.
President

SMC/tsp

Attachment

MILFORD WHITINSVILLE REGIONAL HOSP

14 PROSPECT ST
MILFORD, MA 01757

Medicare Hospital Provider Number: 220090

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,368	12	11 - 16	1,489	11	11 - 15
Cancer	44	43	27 - 58	31	55	29 - 66
Cerebrovascular Accidents	62	23	16 - 38	45	24	17 - 43
Gastrointestinal Catastrophes	16	50	17 - 65	7	14	8 - 66
Infectious Disease	14	36	17 - 66	25	16	19 - 53
Metabolic/Electrolyte Disorders	34	21	10 - 43	47	6	10 - 33
Pulmonary Disease	91	29	17 - 38	94	24	18 - 38
Renal Failure	7	43	11 - 79	12	42	20 - 81
Severe Acute Heart Disease	67	33	29 - 54	53	47	30 - 58
Severe Chronic Heart Disease	56	29	18 - 43	100	21	17 - 35
Severe Trauma	3	67	4 - 86	3	0	2 - 81
Gastrointestinal Disease	83	5	0 - 16	79	5	1 - 15
Gynecologic Disease	7	0	0 -100	11	9	0 -100
Low-Risk Heart Disease	213	4	2 - 8	208	0	2 - 5
Musculoskeletal/Skin Conditions	127	2	1 - 9	128	2	1 - 8
Neuropsychiatric/Sensory Disease	42	0	0 - 16	77	0	0 - 8
Urologic Disease	44	0	0 - 37	47	2	0 - 28

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	182
Occupancy Rate (%):	66
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	82
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	0
Registered Nurses:	200
Licensed Practical Nurses:	36

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MILTON MEDICAL CENTER

92 HIGHLAND ST
MILTON, MA 02186

Medicare Hospital Provider Number: 220108

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,566	12	11 - 15	1,428	13	11 - 16
Cancer	55	44	28 - 56	43	47	30 - 62
Cerebrovascular Accidents	68	28	18 - 40	57	26	16 - 40
Gastrointestinal Catastrophes	17	29	20 - 65	18	56	17 - 63
Infectious Disease	15	13	16 - 56	18	33	20 - 64
Metabolic/Electrolyte Disorders	45	29	13 - 45	53	19	10 - 38
Pulmonary Disease	83	29	15 - 37	70	29	15 - 39
Renal Failure	2	0	5 - 90	10	70	16 - 78
Severe Acute Heart Disease	86	24	29 - 49	66	35	28 - 52
Severe Chronic Heart Disease	81	21	14 - 34	76	22	17 - 37
Severe Trauma	1	0	1 - 97	6	50	6 - 76
Gastrointestinal Disease	132	3	1 - 9	109	3	1 - 10
Gynecologic Disease	21	0	0 -100	25	0	0 -100
Low-Risk Heart Disease	163	4	2 - 9	135	0	2 - 6
Musculoskeletal/Skin Conditions	176	1	1 - 6	173	2	1 - 7
Neuropsychiatric/Sensory Disease	50	4	0 - 26	38	3	0 - 32
Urologic Disease	61	3	0 - 22	36	3	0 - 65

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	161
Occupancy Rate (%):	62
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	82
Percent of Physicians Who Are Board Certified Specialists:	77
Interns and Residents:	0
Registered Nurses:	103
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MORTON HOSPITAL

88 WASHINGTON ST
TAUNTON, MA 02780

Medicare Hospital Provider Number: 220073

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,464	11	11 - 16	1,537	12	12 - 17
Cancer	38	32	27 - 59	61	41	31 - 59
Cerebrovascular Accidents	49	22	16 - 40	79	25	21 - 41
Gastrointestinal Catastrophes	12	42	16 - 69	19	32	17 - 60
Infectious Disease	15	33	15 - 62	15	40	16 - 65
Metabolic/Electrolyte Disorders	33	36	15 - 51	23	35	9 - 51
Pulmonary Disease	73	23	17 - 39	97	16	17 - 35
Renal Failure	3	33	7 - 89	1	100	3 - 98
Severe Acute Heart Disease	94	34	29 - 50	98	43	30 - 51
Severe Chronic Heart Disease	92	22	16 - 34	97	19	17 - 34
Severe Trauma	2	0	1 - 90	0	-	-
Gastrointestinal Disease	133	2	2 - 8	142	4	2 - 9
Gynecologic Disease	18	0	0 - 84	15	0	0 -100
Low-Risk Heart Disease	161	3	2 - 8	167	2	2 - 7
Musculoskeletal/Skin Conditions	141	1	2 - 7	130	2	1 - 8
Neuropsychiatric/Sensory Disease	30	0	0 - 25	38	3	0 - 23
Urologic Disease	105	4	1 - 12	76	0	1 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	207
Occupancy Rate (%):	65
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	61
Percent of Physicians Who Are Board Certified Specialists:	87
Interns and Residents:	0
Registered Nurses:	158
Licensed Practical Nurses:	63

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

MT AUBURN HOSP

330 MT AUBURN ST
CAMBRIDGE, MA 02138

Medicare Hospital Provider Number: 220002

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,630	10	11 - 15	2,777	11	11 - 15
Cancer	102	35	29 - 52	99	43	31 - 54
Cerebrovascular Accidents	91	16	21 - 38	101	23	20 - 38
Gastrointestinal Catastrophes	12	50	18 - 71	15	47	14 - 64
Infectious Disease	5	0	11 - 68	11	9	22 - 65
Metabolic/Electrolyte Disorders	28	21	13 - 48	28	25	12 - 48
Pulmonary Disease	124	33	21 - 40	153	25	20 - 38
Renal Failure	8	63	18 - 84	11	73	17 - 77
Severe Acute Heart Disease	147	27	30 - 48	164	32	34 - 51
Severe Chronic Heart Disease	116	15	18 - 33	110	21	17 - 34
Severe Trauma	9	11	8 - 59	4	50	1 - 85
Gastrointestinal Disease	185	3	2 - 8	160	3	1 - 8
Gynecologic Disease	33	0	0 -100	24	4	0 -100
Low-Risk Heart Disease	361	1	3 - 6	409	3	3 - 7
Musculoskeletal/Skin Conditions	232	3	1 - 7	271	2	2 - 6
Neuropsychiatric/Sensory Disease	75	0	1 - 8	125	1	1 - 7
Urologic Disease	104	1	1 - 8	94	2	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	305
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	219
Percent of Physicians Who Are Board Certified Specialists:	93
Interns and Residents:	35
Registered Nurses:	355
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NANTUCKET COTTAGE HOSP

S PROSPECT ST
NANTUCKET, MA 02554

Medicare Hospital Provider Number: 220081

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	169	16	9 - 20	161	11	7 - 17
Cancer	8	88	31 - 83	3	33	9 - 90
Cerebrovascular Accidents	6	50	3 - 75	5	40	2 - 79
Gastrointestinal Catastrophes	2	0	1 - 89	1	0	1 - 97
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	7	29	3 - 70	7	29	2 - 72
Pulmonary Disease	8	25	4 - 65	3	0	3 - 79
Renal Failure	2	100	8 - 92	0	-	-
Severe Acute Heart Disease	4	0	8 - 72	7	71	17 - 78
Severe Chronic Heart Disease	8	25	4 - 65	10	10	8 - 53
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	17	6	0 - 90	10	0	0 - 59
Gynecologic Disease	1	0	0 -100	0	-	-
Low-Risk Heart Disease	16	6	0 - 76	15	0	0 - 81
Musculoskeletal/Skin Conditions	12	0	0 - 57	25	8	0 - 74
Neuropsychiatric/Sensory Disease	14	0	0 - 65	13	0	0 - 98
Urologic Disease	3	0	0 -100	9	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	39
Occupancy Rate (%):	31
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	9
Percent of Physicians Who Are Board Certified Specialists:	67
Interns and Residents:	0
Registered Nurses:	20
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NEW ENGLAND BAPTIST HOSP

91 PARKER HILL AVE
BOSTON, MA 02120

Medicare Hospital Provider Number: 220088

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,766	6	8 - 12	1,682	5	7 - 11
Cancer	83	29	31 - 54	84	19	29 - 51
Cerebrovascular Accidents	20	20	14 - 51	17	24	14 - 55
Gastrointestinal Catastrophes	5	20	10 - 77	7	14	11 - 68
Infectious Disease	6	17	13 - 74	6	67	12 - 78
Metabolic/Electrolyte Disorders	23	17	9 - 46	18	11	12 - 49
Pulmonary Disease	53	21	19 - 44	27	15	15 - 45
Renal Failure	9	22	13 - 74	4	0	10 - 78
Severe Acute Heart Disease	33	24	24 - 54	21	24	25 - 62
Severe Chronic Heart Disease	52	13	16 - 36	45	13	15 - 37
Severe Trauma	1	100	1 - 97	1	0	3 - 99
Gastrointestinal Disease	89	0	1 - 7	74	3	1 - 13
Gynecologic Disease	15	0	0 -100	17	0	0 -100
Low-Risk Heart Disease	214	1	3 - 7	186	2	2 - 7
Musculoskeletal/Skin Conditions	475	0	1 - 4	504	0	1 - 3
Neuropsychiatric/Sensory Disease	37	5	0 - 42	57	0	0 - 11
Urologic Disease	37	3	0 - 23	32	0	0 - 39

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	245
Occupancy Rate (%):	67
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	126
Percent of Physicians Who Are Board Certified Specialists:	92
Interns and Residents:	14
Registered Nurses:	257
Licensed Practical Nurses:	4

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NEB
New England
Baptist
Hospital

91 Parker Hill Avenue
Boston, Massachusetts 02120

617 738-5800

Telex (23) 4430116
Cable NEBAPTHOSP BOSTON

October 24, 1988

22 00 88

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Building
Baltimore, MD 21207

Dear Mrs. Kappert,

We are writing in response to this year's Health Care Financing Administration's mortality information on Medicare patients who were treated at New England Baptist Hospital in Boston.

After a careful review of the statistics, we have dicovered several errors in the data you provided. Patient-specific information, according to our medical records is provided in the attached supplement.

It should be noted that in the past year, New England Baptist Hospital has expanded its oncology programs. Despite this fact, it is encouraging to see that in most diagnostic categories our Medicare mortality rates are either well below or on the low end of the range of predicted mortality.

Sincerely,

Raymond C. McAfoose

Raymond C. McAfoose
President

RCM/pb
Enclosure

NEW ENGLAND DEACONESS HOSP

185 PILGRIM RD
BOSTON, MA 02215

Medicare Hospital Provider Number: 220118

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,777	8	10 - 13	2,825	8	10 - 14
Cancer	167	20	32 - 50	213	19	32 - 50
Cerebrovascular Accidents	37	8	17 - 37	36	8	17 - 39
Gastrointestinal Catastrophes	29	31	28 - 65	28	39	29 - 67
Infectious Disease	15	20	12 - 56	25	28	22 - 60
Metabolic/Electrolyte Disorders	27	15	10 - 44	29	17	11 - 44
Pulmonary Disease	61	30	18 - 43	48	29	14 - 42
Renal Failure	29	10	1 - 58	34	12	5 - 55
Severe Acute Heart Disease	77	29	30 - 52	72	36	33 - 57
Severe Chronic Heart Disease	102	20	17 - 34	115	20	19 - 35
Severe Trauma	1	0	0 -100	1	100	1 - 97
Gastrointestinal Disease	107	2	1 - 9	105	2	1 - 9
Gynecologic Disease	16	0	0 -100	29	0	0 - 96
Low-Risk Heart Disease	506	3	4 - 7	445	3	3 - 7
Musculoskeletal/Skin Conditions	149	3	1 - 8	141	4	1 - 10
Neuropsychiatric/Sensory Disease	44	2	0 - 31	65	2	1 - 12
Urologic Disease	58	2	0 - 27	41	2	0 - 52

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	474
Occupancy Rate (%):	80
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	290
Percent of Physicians Who Are Board Certified Specialists:	96
Interns and Residents:	195
Registered Nurses:	607
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

New England Deaconess Hospital

185 Pilgrim Road
Boston, Massachusetts 02215
(617) 732-7000

October 21,1988
Hospital ID: 220118

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21027

We would like to take this opportunity to comment on the data you are planning to release in December.

HCFA Data: We are pleased that our results are positive. In 7 of the categories, our mortality rate was even below the low end of the expected rate. In 25 categories, the rate was within the range, but well below the mean of the range. There was only one category that looked problematic - severe trauma (1986 data). However, there is only one case in the category. This patient was transferred to us from another hospital with a bleeding disorder and a subdural hematoma; he was barely responsive when he arrived. This case brings up two interesting questions: Should you include categories where there are insignificant numbers of cases? Are referral centers, like ours, penalized for accepting extremely complex cases from other hospitals?

Because of the study's methodology, we are unable to verify the information you provided us. We did try to look at just one category - renal disease - and found in some instances we had differing ICD-9 codes and differing case identifiers; we weren't even able to get the number of cases to match.

American Hospital Association Information: Some of the 1986 AHA survey data you include is as supplied by the hospital, however we feel it is used in an inaccurate manner. You supply the number of General medical/surgical beds, and presumably use this to calculate your per bed statistics. You are not including in your bed count a number of other types of specialty beds that are in fact used by Medicare Prospective Payment System (PPS) patients, e.g. ICU, CCU or other special care beds. All these beds, and the pyschiatric beds as well, should have been used to come up with the per bed statistics. We note that the occupancy rate supplied is for the hospital as a whole, and not just beds that would have been used by PPS patients.

We encourage you to keep trying to refine your methods and to be extremely cautious in making any qualitative judgements based on this information.

Sincerely,

Curtis Smith
Senior Vice President

NEW ENGLAND MED CTR HOSP

171 HARRISON AVE
BOSTON, MA 02111

Medicare Hospital Provider Number: 220116

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,104	10	11 - 15	2,120	9	10 - 14
Cancer	115	37	33 - 56	138	33	34 - 55
Cerebrovascular Accidents	50	22	18 - 42	55	15	18 - 38
Gastrointestinal Catastrophes	31	26	17 - 52	25	16	19 - 54
Infectious Disease	10	40	13 - 69	12	25	22 - 71
Metabolic/Electrolyte Disorders	20	50	21 - 65	17	24	15 - 58
Pulmonary Disease	51	24	15 - 40	66	17	17 - 39
Renal Failure	16	19	10 - 63	24	8	3 - 56
Severe Acute Heart Disease	124	19	31 - 48	61	41	30 - 56
Severe Chronic Heart Disease	69	13	18 - 35	69	19	14 - 34
Severe Trauma	1	0	0 - 99	6	50	11 - 79
Gastrointestinal Disease	97	2	1 - 10	100	1	1 - 8
Gynecologic Disease	28	0	0 -100	29	0	0 -100
Low-Risk Heart Disease	399	4	3 - 7	396	5	2 - 7
Musculoskeletal/Skin Conditions	190	2	2 - 7	202	1	1 - 6
Neuropsychiatric/Sensory Disease	62	2	1 - 13	81	4	0 - 25
Urologic Disease	81	1	0 - 25	85	1	0 - 19

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	452
Occupancy Rate (%):	88
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	812
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	257
Registered Nurses:	721
Licensed Practical Nurses:	2

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

New England
Medical Center Hospitals

Jerome H. Grossman, M.D.
President

1796 Boston Dispensary
1894 Floating Hospital for Infants and Children
1938 Pratt Clinic
1948 New England Center Hospital
1958 Rehabilitation Institute

The principal teaching
hospitals for Tufts University
School of Medicine

171 Harrison Avenue
Boston, Massachusetts 02111
Telephone: (617) 956-5000

Health Standards & Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Hospital 220116

October 24, 1988

Dear Dr. Roper,

Once again, New England Medical Center (NEMC) welcomes this opportunity to comment on the mortality analysis conducted by your Department on Medicare patients treated during 1987.

Excellence in health care is a goal sought by New England Medical Center and all health care providers. Since providers must developed measurable indicators of quality before the degree of excellence can be evaluated, your ongoing process of providing mortality data has been an important resource to our multifaceted quality measurement program.

In as much as New England Medical Center's mortality rates for 1987 were well within or below the ranges for predicted mortality developed by your model, we have focused our analysis and comments in the following areas:

- On our participation as a test site for the Medicare Risk Adjuster (MRA) software developed by HCFA in conjunction with the Health Data Institute (HDI). A sample of 30 Medicare discharges for Acute Myocardial Infarction (AMI) was abstracted and the cases used as part of our final analytic database.

- On our analysis of 5 diagnostic categories in order to understand the causes of mortality, and the reliability and validity of the model. The diagnostic categories we analyzed were AMI, GI Castastrophes, Infectious Disease, Metabolic/Electrolyte Disturbances, and Renal Failure. The focus was placed on the pattern of deaths, including whether the deaths were "expected" versus "unexpected".

- Critical review of all patient deaths within 30 days of admission in the above five categories.

The following comments review the major findings, conclusions and recommendations regarding both the validity of the model and appropriateness of care:

- With regard to use of the Medicare Risk Adjustor (MRA) software, we make the following comment:

* A close analysis of the AMI patients proposed for analysis through the MRA system revealed that 74% of patients with this diagnosis were transfers to New England Medical Center from other hospitals. Therefore, the MRA software could not be used for analysis, as transfer in status excludes a patient from the MRA software.

- With regard to our analysis of the five diagnostic categories we chose to evaluate, we make the following comments on the mortality model:

* Death is attributed to the diagnostic category of the principal diagnosis which does not always reflect the most appropriate category associated with the cause of death. Therefore, patients are not always placed in the most appropriate category since the model relies solely on principal diagnosis. For example, 5 of the patients in the 20 case Metabolic/Electrolyte Disturbance category were admitted with a primary diagnosis of hypovolemia and one patient was admitted with a primary diagnosis of hypoglycemia. In fact, all six patients had advanced metastatic cancer as the cause of death. These patients should more appropriately be counted in the Cancer category, a diagnostic group carrying inherently higher mortality rates.

* The model is not inclusive for all significant factors affecting the risk of death. For example, the significant comorbidities should be expanded to include immunologic suppression, an increasingly frequent and complex condition. This inclusion would increase the weighted risk factor specifically for patients in the Infectious Disease category at NEMC.

* The model also controls the number of comorbidities by controlling the number allowed on the Universal Billing Form (UB82). Only four comorbidities can appear on the bill. If the HCFA-defined comorbidities were present but did not rank high enough in a complex patient to appear in the top four, the comorbidities were not taken into consideration in the HCFA analysis.

* As stated in your Department's technical description, the fewer number of cases included in a given diagnostic category, the greater the uncertainty of the expected mortality range, and therefore, the wider the range. Since a large number of cases yields greater precision, mortality data should be presented to the public only when there are enough cases in a diagnostic category as to not skew the rate and not to increase the probability of misinterpretation by the public. For example, NEMC had only 20 Medicare admissions in the Metabolic/Electrolyte Disturbance

category. Six of those patients had advanced metastatic cancer, as previously stated, which in actuality brought the total number of cases in this category down to 14. The 50% mortality rate reported in this category is therefore misleading on both accounts.

* Of the five diagnostic categories and the AMI sub-category studied, a least one patient's mortality was attributed in error to New England Medical Center. The patient had been transferred to another hospital and died at that institution. According to your technical description, this patient's case should have been attributed to the accepting hospitals total and not to NEMC.

- With regard to our review of all mortalities within the categories studied, we make the following comments:

* Although uncertainty is inherent in medical practice, it is of note that 60% of Medicare patient deaths that occurred within 30 days of admission were "expected deaths". Of those deaths expected, 53% of the patients had been determined to have a terminal prognosis warranting "Do Not Resuscitate" status. These patients were allowed to die without aggressive medical interventions. Of the patients whose deaths were "unexpected", 46% had multiple comorbidities.

* Patients who died after discharge accounted for 16% of the patients who died within 30 days of admission. This category included three patients with advanced metastatic cancer (one of whom was discharged to a hospice), and one transfer to another hospital. A close case review of these patients revealed no indications of quality of care issues or patterns warranting further review.

Finally, there are many errors in the "hospital characteristics" portion of your report. We realize that the data to be released in December will be different from this particular data set provided to us. The hospital will not have reviewed the accuracy of this data set and will be pleased to provide any interested person with the accurate numbers on contacting the institution.

We look forward to continued refinement of your model, as assuring good clinical outcomes, and therefore the quality of patient care, remains our highest mutual priority.

Sincerely,

Jerome H. Grossman

Jerome H. Grossman, M.D.
President

NEW ENGLAND MEM HOSP

5 WOODLAND RD
STONEHAM, MA 02180

Medicare Hospital Provider Number: 220064

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,399	11	11 - 16	1,340	11	12 - 17
Cancer	51	43	30 - 60	51	35	29 - 58
Cerebrovascular Accidents	54	15	20 - 41	45	27	15 - 42
Gastrointestinal Catastrophes	11	18	23 - 71	13	54	17 - 68
Infectious Disease	23	39	17 - 58	15	13	20 - 60
Metabolic/Electrolyte Disorders	42	19	13 - 43	31	13	11 - 42
Pulmonary Disease	110	20	17 - 36	110	15	17 - 35
Renal Failure	7	71	18 - 84	11	27	22 - 82
Severe Acute Heart Disease	40	38	27 - 57	61	34	28 - 53
Severe Chronic Heart Disease	65	22	15 - 36	71	21	16 - 36
Severe Trauma	4	0	5 - 72	0	-	-
Gastrointestinal Disease	112	3	1 - 10	120	3	1 - 10
Gynecologic Disease	18	6	0 -100	13	0	0 -100
Low-Risk Heart Disease	139	4	2 - 10	139	1	1 - 7
Musculoskeletal/Skin Conditions	140	4	1 - 10	130	2	2 - 9
Neuropsychiatric/Sensory Disease	45	2	0 - 28	39	5	0 - 63
Urologic Disease	52	2	0 - 19	38	3	0 - 58

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	256
Occupancy Rate (%):	68
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	113
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	245
Licensed Practical Nurses:	0

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

NEWTON-WELLESLEY HOSPITAL

2014 WASHINGTON ST
NEWTON LOWER FALLS, MA 02162

Medicare Hospital Provider Number: 220101

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,358	9	11 - 15	2,455	11	11 - 16
Cancer	93	33	33 - 57	97	35	30 - 54
Cerebrovascular Accidents	106	21	21 - 38	103	23	21 - 39
Gastrointestinal Catastrophes	28	29	22 - 59	26	42	18 - 58
Infectious Disease	10	40	17 - 73	16	31	18 - 63
Metabolic/Electrolyte Disorders	33	12	16 - 45	38	8	10 - 36
Pulmonary Disease	121	23	18 - 37	157	27	20 - 37
Renal Failure	9	22	11 - 72	12	17	20 - 76
Severe Acute Heart Disease	95	40	32 - 53	118	49	34 - 54
Severe Chronic Heart Disease	84	17	16 - 33	99	16	18 - 34
Severe Trauma	7	14	8 - 66	12	8	15 - 58
Gastrointestinal Disease	185	2	2 - 7	185	5	1 - 9
Gynecologic Disease	28	0	0 - 97	22	0	0 -100
Low-Risk Heart Disease	202	2	2 - 7	194	4	2 - 8
Musculoskeletal/Skin Conditions	289	2	2 - 6	310	2	2 - 6
Neuropsychiatric/Sensory Disease	105	2	1 - 9	151	1	1 - 6
Urologic Disease	102	1	0 - 9	84	2	0 - 13

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	303
Occupancy Rate (%):	78
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	302
Percent of Physicians Who Are Board Certified Specialists:	77
Interns and Residents:	23
Registered Nurses:	326
Licensed Practical Nurses:	19

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

NOBLE HOSPITAL

115 W SILVER ST
WESTFIELD, MA 01085

Medicare Hospital Provider Number: 220065

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,121	14	10 - 15	1,208	15	11 - 16
Cancer	14	64	16 - 64	31	42	26 - 62
Cerebrovascular Accidents	41	29	15 - 43	49	37	17 - 45
Gastrointestinal Catastrophes	11	45	14 - 69	13	31	12 - 62
Infectious Disease	10	10	9 - 55	4	0	10 - 74
Metabolic/Electrolyte Disorders	26	19	8 - 44	41	15	13 - 41
Pulmonary Disease	80	26	20 - 42	81	40	19 - 43
Renal Failure	3	67	5 - 88	7	86	15 - 78
Severe Acute Heart Disease	60	42	25 - 51	58	38	27 - 53
Severe Chronic Heart Disease	86	29	15 - 36	68	29	16 - 39
Severe Trauma	3	0	2 - 81	0	-	-
Gastrointestinal Disease	90	3	1 - 12	98	3	1 - 11
Gynecologic Disease	7	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	123	2	1 - 9	193	9	2 - 11
Musculoskeletal/Skin Conditions	101	6	1 - 14	98	5	0 - 18
Neuropsychiatric/Sensory Disease	36	3	0 - 27	55	4	0 - 24
Urologic Disease	29	0	0 - 56	25	4	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	162
Occupancy Rate (%):	53
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	54
Percent of Physicians Who Are Board Certified Specialists:	69
Interns and Residents:	0
Registered Nurses:	68
Licensed Practical Nurses:	39

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

noble hospital
People Caring for People

October 21, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health & Human Services
Washington, D.C. 20201

Dear Dr. Roper:

The Health Care Financing Administration [HCFA] mortality information for Medicare patients who died within 30 days of admission of their last admission in 1987 was reviewed by the staff of Noble Hospital. The mortality rate for all cases [14%] was within the predicted range [10-15%]. In the categories of Severe Trauma, Gynecologic Disease and Urologic Disease the Hospital fell below the range of the predicted mortality rate. In one category, Cancer,the study indicates that the Hospital was at the high range of the predicted mortality rate. In four categories Gastrointestinal Catastrophies, Renal Failure, Severe Acute Heart Disease and Severe Chronic Heart Disease the Hospital either fell into the median range or on the high side of the median range. The Hospital did not exceed the range for predicted mortality in any of the categories identified in the HCFA study.

A review of attending physicians caring for these patients in the high or median range did not identify any trends or patterns of care that resulted in an adverse outcome or quality of care issue. Eight different physicians cared for patients in the Cancer category, five different physicians cared for patients in the Gastrointestinal Catastrophies category, two different physicians cared for patients in the Renal Failure category, fifteen different physicians cared for patients in the Severe Acute Heart Disease and twelve separate physicians treated the Severe Chronic Heart Disease patients.

It should be noted that the Principal Diagnosis in one case should be changed from Severe Chronic Heart Disease to Pneumonia and in another case from Severe Chronic Heart Disease to Carcinoma of the Esophagus.

The HCFA data allows the hospital the opportunity to review the quality of care that was rendered to the Medicare patients and to measure the outcome and also to compare the data of 1986 against 1987.

Yours truly,

NOBLE HOSPITAL

Janet Ghareeb

Janet A. Ghareeb, R.N.
Director UR/QA

JAG/reh

P.O. Box 870 ● 115 W. Silver Street ● Westfield, MA 01086 ● (413) 568-2811

NORTH ADAMS REGIONAL HOSP

HOSPITAL AVE
NORTH ADAMS, MA 01247

Medicare Hospital Provider Number: 220051

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,063	14	13 - 18	1,197	14	11 - 16
Cancer	48	58	26 - 57	34	65	24 - 58
Cerebrovascular Accidents	69	25	18 - 40	70	24	19 - 40
Gastrointestinal Catastrophes	15	33	17 - 65	11	0	16 - 51
Infectious Disease	7	0	11 - 57	18	39	19 - 64
Metabolic/Electrolyte Disorders	12	33	2 - 61	19	16	8 - 47
Pulmonary Disease	58	16	17 - 39	69	28	18 - 42
Renal Failure	4	25	9 - 85	3	67	11 - 94
Severe Acute Heart Disease	75	35	30 - 53	59	27	26 - 50
Severe Chronic Heart Disease	69	20	15 - 35	72	22	15 - 36
Severe Trauma	1	100	3 - 99	2	0	4 - 89
Gastrointestinal Disease	69	4	1 - 16	73	3	0 - 14
Gynecologic Disease	6	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	96	2	1 - 9	121	3	1 - 10
Musculoskeletal/Skin Conditions	96	2	1 - 10	114	5	0 - 13
Neuropsychiatric/Sensory Disease	43	9	0 - 41	30	0	0 - 35
Urologic Disease	23	0	0 - 33	35	9	0 - 63

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	172
Occupancy Rate (%):	41
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	57
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	0
Registered Nurses:	93
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NORTH ADAMS REGIONAL HOSPITAL

A subsidiary of northern berkshire health systems, inc.
Hospital Avenue, North Adams, MA 01247 (413) 663-3701

Patrick L. Muldoon
President

October 24, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health and Human Services
Washington, D.C. 20201

Dear Dr. Roper:

We would like to include the following comments in the Health Care Financing Administration's upcoming publication of actual versus predicted mortality rates for North Adams Regional Hospital.

The Medical Staff and Administration of North Adams Regional Hospital, as part of its ongoing quality assurance and peer review activities, reviews the care of every patient who dies within our hospital or in the Emergency Department. This commitment predates HCFA's current attempt to apply external quality control measures to our institution and will continue as part of the important role of quality monitoring in our institutional setting.

It is imperative that the public recognize the inherent danger of using one statistical data element alone to draw conclusions about the quality of care at any institution. Specifically:

1. The HCFA data for North Adams Regional Hospital represents a very small mortality incidence in real numbers over a short time frame, one year. Statistical techniques tend to be reduced in validity when numbers are small and timeframes are short, as in the case of the NARH data. Consequently, we suggest caution based upon sample size. In addition, please reference attached addendum for incorrect entries made into our HCFA mortality data profile as we have no record of these patients being treated at our Hospital.

2. The data includes deaths which occurred within 30 days of admission to a hospital. Given North Adams Regional Hospital's Medicare average length of stay of 10.4 days, the data on average accounts for deaths for 19.6 days after discharge. These deaths may or may not be related to admission.

3. The data does not adjust for case mix; i.e., hospitals which serve a large population of elderly or poor or high risk individuals may experience a higher mortality rate not due to poor care, but instead due to the patients that they treat. North Adams Regional Hospital, for example, serves a population which is comprised of 17% elderly versus the 12% elderly population nationwide.

North Adams Regional Hospital and its Medical Staff, like all responsible health care institutions, welcome additional information which helps the important work of monitoring quality. However, the publication of one data element, mortality rates, out of the hundreds of indicators reviewed in a hospital every day, can legitimately be used only to raise questions which should then be answered through further study.

We at North Adams Regional Hospital intend to include the HCFA mortality statistics into our overall quality assurance monitoring system as part of our ongoing review process.

Thank you for the opportunity to share our views.

Sincerely,

Patrick C. Muldoon

Patrick L. Muldoon, President
North Adams Regional Hospital

PLM/mb

NORWOOD HOSP

800 WASHINGTON ST
NORWOOD, MA 02062

Medicare Hospital Provider Number: 220126

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,286	12	11 - 15	2,208	11	11 - 15
Cancer	65	38	27 - 54	60	40	31 - 59
Cerebrovascular Accidents	118	34	20 - 38	104	18	18 - 35
Gastrointestinal Catastrophes	21	29	18 - 60	20	30	14 - 56
Infectious Disease	33	33	19 - 54	37	22	23 - 54
Metabolic/Electrolyte Disorders	67	18	12 - 38	67	13	9 - 33
Pulmonary Disease	125	26	17 - 35	119	23	17 - 35
Renal Failure	3	67	10 - 93	22	27	20 - 72
Severe Acute Heart Disease	110	38	29 - 50	118	42	30 - 50
Severe Chronic Heart Disease	130	22	17 - 32	126	23	17 - 33
Severe Trauma	2	50	1 - 94	6	17	9 - 72
Gastrointestinal Disease	164	1	2 - 7	165	1	2 - 6
Gynecologic Disease	30	0	0 -100	28	0	0 -100
Low-Risk Heart Disease	239	1	2 - 6	248	3	2 - 7
Musculoskeletal/Skin Conditions	231	1	2 - 6	212	2	1 - 6
Neuropsychiatric/Sensory Disease	72	1	1 - 11	97	4	1 - 13
Urologic Disease	45	2	0 - 20	38	0	0 - 56

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	302
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	162
Percent of Physicians Who Are Board Certified Specialists:	83
Interns and Residents:	0
Registered Nurses:	222
Licensed Practical Nurses:	55

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NV
HS

Norwood Hospital

800 Washington Street
Norwood, Massachusetts 02062
Telephone (617) 769-4000

October 20, 1988

TO: William L. Roper, M.D.
Health Care Financing Administration
Health Standards & Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

FROM: Jeanne M. Morello
Senior Vice President, Operations

Medicare Provider # 22 01 26

Representatives of Norwood Hospital's Medical Staff, Administration, and Quality Assurance Department have reviewed the Mortality Data for 1986 and 1987 as presented in this report and agree that it fairly reflects the hospital's mortality experience. However, we encourage the public to approach any analysis of mortality figures with the knowledge that where patients are concerned, simple statistical comparisons are not sufficient tools to measure the quality of care which is provided.

We note that Norwood Hospital's Mortality Rate from deaths due to all causes falls at the lowest range of predicted mortality in both 1987 and 1987. Further, in all diagnostic categories, for both years, Norwood Hospital falls well within acceptable ranges of predicted mortality rates.

We draw specific attention to four categories where our mortality rates fall below predicted ranges, specifically for Infectious Diseases, Gastrointestinal Diseases, Low-risk Heart Disease and Musculoskeletal and Cutaneous Conditions.

Only in one category, Cerebrovascular Accidents (1987), do we note a mortality rate closer to the high end of the predicted range, but again within predicted ranges. We conducted an in-depth Quality Assurance review of this data, soliciting input from members of our Stroke Team. Of the 118 cases seen in 1987, 13 cases died within 48 hours of admission to the hospital. Nine (9) cases died within 24 hours and their average age was 78 years. Four (4) cases died within 48 hours, their average age was 83 years. These patients were admitted in extremis and outcomes would not have been expected to be positive. Norwood Hospital's Stroke Rehabilitation Team will review the remaining records to gather information to benefit the team and its work.

PARKWOOD HOSPITAL , INC

4499 ACUSHNET AVENUE
NEW BEDFORD, MA 02745

Medicare Hospital Provider Number: 220121

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	237	15	8 - 18	360	12	10 - 18
Cancer	3	67	11 - 91	4	50	7 - 83
Cerebrovascular Accidents	6	50	4 - 74	13	8	12 - 49
Gastrointestinal Catastrophes	3	67	8 - 89	4	25	9 - 83
Infectious Disease	3	33	5 - 87	4	0	8 - 72
Metabolic/Electrolyte Disorders	2	50	3 - 92	10	10	9 - 56
Pulmonary Disease	30	13	8 - 36	37	24	12 - 42
Renal Failure	1	100	1 - 97	0	-	-
Severe Acute Heart Disease	17	41	15 - 60	34	32	22 - 54
Severe Chronic Heart Disease	13	23	4 - 53	19	21	8 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	26	4	0 - 66	18	6	0 - 68
Gynecologic Disease	0	-	-	3	0	0 -100
Low-Risk Heart Disease	29	10	0 - 80	52	0	1 - 11
Musculoskeletal/Skin Conditions	15	0	0 - 96	25	0	0 - 87
Neuropsychiatric/Sensory Disease	7	0	0 -100	16	6	0 - 95
Urologic Disease	3	0	0 -100	7	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1986

Total Beds (#):	100
Ownership/Control:	Private, For Profit

STAFFING

Interns and Residents:	0
Registered Nurses:	68
Licensed Practical Nurses:	22

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

SLH HEALTHCARE, INC.

101 Page Street • New Bedford, Massachusetts 02740

October 20, 1988

Health Standards and Quality Bureau, HCFA
Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Enclosed are the comments of Parkwood Hospital, now doing business as SLH Healthcare, Inc., to be published with HCFA's mortality data in the Federal Register.

Thank you for your attention to this matter.

Sincerely,

Carl A. Lund
Executive Director

enclosure

SLH HEALTHCARE, INC.

101 Page Street • New Bedford, Massachusetts 02740

There were no material problems or errors discovered in the HCFA data. However, the data regarding Parkwood Hospital indicates one exception, a 100% mortality rate in the category of renal failure. In this category only one patient was treated for renal failure, a high risk case, and died of the condition, hence the 100% rate listed in the HCFA report.

Parkwood Hospital ceased to operate as an acute care medical-surgical hospital on December 1, 1987. On this date Parkwood was acquired by St. Luke's Hospital of New Bedford and all medical-surgical patient care services were transferred to St. Luke's.

QUINCY CITY HOSPITAL

114 WHITEWELL STREET
QUINCY,, MA 02169

Medicare Hospital Provider Number: 220067

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,523	14	12 - 17	2,793	14	12 - 16
Cancer	100	41	31 - 54	116	47	32 - 55
Cerebrovascular Accidents	159	28	20 - 36	132	27	21 - 38
Gastrointestinal Catastrophes	24	38	17 - 57	30	27	17 - 53
Infectious Disease	51	25	24 - 52	45	13	21 - 48
Metabolic/Electrolyte Disorders	57	25	11 - 40	80	26	15 - 41
Pulmonary Disease	157	23	20 - 36	195	31	20 - 37
Renal Failure	15	53	16 - 73	15	60	19 - 77
Severe Acute Heart Disease	123	46	30 - 50	112	45	32 - 52
Severe Chronic Heart Disease	138	30	17 - 34	145	22	17 - 33
Severe Trauma	5	20	4 - 75	8	50	10 - 73
Gastrointestinal Disease	167	4	1 - 9	212	3	2 - 8
Gynecologic Disease	9	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	251	3	2 - 8	257	4	2 - 7
Musculoskeletal/Skin Conditions	208	2	1 - 7	206	2	1 - 6
Neuropsychiatric/Sensory Disease	114	0	1 - 6	129	1	1 - 7
Urologic Disease	94	1	0 - 11	113	2	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	303
Occupancy Rate (%):	69
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	198
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	138
Licensed Practical Nurses:	12

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

October 20, 1988

Quincy City Hospital
114 Whitwell Street
Quincy, Massachusetts
02169
(617) 773-6100

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
5325 Security Boulevard
Baltimore, Maryland 21207

Medicare Provider #220067

Dear Mrs. Kappert:

On review of the material prepared by HCFA, two inaccuracies are immediately evident. In the first instance, Quincy City Hospital does not have a separate organ transplant service, although we do participate in the organ donor program. In the second place, the implication that Quincy City Hospital is not equipped to give state-of-the-art support to coronary care by not having a separate coronary care unit is totally wrong. Statistics show our mortality rate for severe acute heart disease is exactly where is should be, right at the mean.

Because of the temporal development of a special coronary treatment area in an older institution, it was impossible to set up a free standing unit and coronary patients were thus kept in our intensive care unit. Coronary care patients at Quincy City Hospital have available all of the most up to date facilities for the treatment of the cardiac patient, short of surgical intervention, and that is available only at nearby academic tertiary centers.

Further review of the statistics supplied reveals that, once again, as in the mortality data released for 1985, Quincy City Hospital has an overall rate for the years 1986 and 1987 that lies exactly in the middle of HCFA's predicted range. Furthermore, there is no instance in the disease category breakdowns where the hospital rate exceeds the range predicted for that group of patients.

Each of the deaths included in this study have already been thoroughly reviewed as to the care given and the quality exemplified by that care with appropriate corrective action taken where indicated.

In addition, each of our departments has a Quality Assurance Sub-Committee that oversees the care given in that department and any untoward event in any case treated in the hospital, all ages and diseases included, is reviewed, critiqued, tabulated and corrective action taken where indicated.

Of all the elements available to improve our Hospital's care, constant, complete review of that care is the most important key to that improvement, and Quincy City Hospital is committed to Quality Assurance for all cases. We are reviewing and improving all the time.

Sincerely,

William P. Ridder, M.D.
Director of Medical Review

WPR/md

SALEM HOSPITAL

81 HIGHLAND AVENUE
SALEM, MA 01970

Medicare Hospital Provider Number: 220006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,883	12	10 - 14	2,828	11	10 - 14
Cancer	159	41	28 - 49	175	43	32 - 52
Cerebrovascular Accidents	130	10	18 - 31	98	17	19 - 36
Gastrointestinal Catastrophes	24	29	22 - 61	23	43	12 - 55
Infectious Disease	24	21	16 - 52	8	38	8 - 70
Metabolic/Electrolyte Disorders	57	19	14 - 41	56	18	9 - 36
Pulmonary Disease	114	26	18 - 37	116	14	18 - 34
Renal Failure	9	56	16 - 80	7	29	6 - 75
Severe Acute Heart Disease	140	40	29 - 48	113	42	32 - 52
Severe Chronic Heart Disease	163	23	17 - 32	140	21	16 - 31
Severe Trauma	8	50	5 - 70	7	57	6 - 72
Gastrointestinal Disease	198	4	1 - 8	190	1	1 - 6
Gynecologic Disease	38	0	0 -100	23	0	0 - 88
Low-Risk Heart Disease	373	2	2 - 6	350	1	2 - 5
Musculoskeletal/Skin Conditions	356	3	1 - 6	353	1	1 - 5
Neuropsychiatric/Sensory Disease	101	7	0 - 20	123	4	1 - 11
Urologic Disease	89	3	0 - 18	100	2	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	322
Occupancy Rate (%):	80
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	226
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	16
Registered Nurses:	290
Licensed Practical Nurses:	37

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Salem Hospital

81 Highland Avenue
Salem, Massachusetts 01970
Telephone (617) 741-1200

October 12, 1988 Medicare Provider No. 220006

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Ms. Kappert:

I am writing in response to the Medicare Mortality Data which is scheduled to be released in December.

Although Salem Hospital did not have any actual mortality rates above the predicted ranges for 1987 and showed patterns consistent with those reported for 1986, we would like to comment on a few areas.

- Hospital Characteristics - We understand that the hospital characteristics to be published will be taken from the 1987 AHA report. However, since the 1986 data was not accurately represented on the data sheet that we received, we wish to include our 1987 data in the comment section:

Survey and Year: AHA 1987
Beds (#) Licensed: 342
Occupancy Rate: 84
Ownership/control: Private, Non-profit

Staffing:

Total number of physicians:	226
Percent of physicians who are Board Certified specialists:	86
Interns and Residents per bed:	0.05
Registered Nurses per bed:	1.29
Licensed Practical Nurses:	0.17

Specialty Services:

Shock/Trauma or Burn Unit:	Yes
Coronary Care Unit:	Yes
Organ Transplant Service:	No
Hospice Care:	No

- Actual Mortality Rates - There is one category, Renal Failure, which displayed an increase of 27% from 1986 to 1987. However, due to the small sample size in both years (7 cases in 1986, 9 cases in 1987) and the grave consequences of renal failure, we do not consider this to be meaningful.

- The Predictor Model - We continue to have doubts concerning the usefulness of the model used to "predict mortality" despite the fact that our hospital has not shown rates above expected. Factors other than those used in predicting mortality, which have nothing to do with the quality of care received, could contribute to higher than expected mortality rates. In addition, the actual number of deaths that will occur during a year may vary substantially from the "expected" number simply by chance.

  The public should understand that this exercise may raise questions about the mortality rate at a particular institution but that the answers have to come from those knowledgeable about the hospital's casemix, referral patterns, socio-economic level and services provided.

Once again, we appreciate the opportunity to comment on this data, and hope that the Health Care Finance Administration will consider these comments as well as those of others, in any future plans of this nature.

Sincerely,

Michael J. Geaney, Jr.
President

SANCTA MARIA HOSP

799 CONCORD AVE
CAMBRIDGE, MA 02138

Medicare Hospital Provider Number: 220061

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,103	16	14 - 20	1,216	15	14 - 19
Cancer	32	41	28 - 63	35	63	30 - 63
Cerebrovascular Accidents	39	8	19 - 39	40	27	18 - 47
Gastrointestinal Catastrophes	15	60	20 - 69	10	30	15 - 69
Infectious Disease	23	57	21 - 62	35	20	25 - 56
Metabolic/Electrolyte Disorders	35	26	14 - 48	38	24	12 - 44
Pulmonary Disease	107	39	23 - 44	115	33	24 - 45
Renal Failure	5	40	14 - 88	8	50	13 - 81
Severe Acute Heart Disease	63	35	32 - 57	69	30	30 - 54
Severe Chronic Heart Disease	71	18	19 - 39	54	15	15 - 36
Severe Trauma	0	-	-	4	25	3 - 80
Gastrointestinal Disease	54	9	0 - 27	81	4	1 - 13
Gynecologic Disease	9	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	112	2	1 - 8	116	2	2 - 9
Musculoskeletal/Skin Conditions	90	2	1 - 10	120	3	1 - 10
Neuropsychiatric/Sensory Disease	30	3	0 - 32	38	3	0 - 41
Urologic Disease	32	0	0 - 51	34	0	0 - 46

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	150
Occupancy Rate (%):	45
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	66
Percent of Physicians Who Are Board Certified Specialists:	62
Interns and Residents:	0
Registered Nurses:	92
Licensed Practical Nurses:	6

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SANCTA MARIA HOSPITAL
Executive Offices
799 Concord Avenue, Cambridge, MA 02238
Telephone 617-868-2200

Medicare Provider Number:
220061
October 21, 1988

Comments on the Hospital Mortality Rates as Reported by the Health Care Financing Administration (HCFA)

The purpose of these comments is to qualify and put into context the HCFA mortality data presented about Sancta Maria Hospital. We would first like to comment that all deaths and complications have been routinely studied to identify quality of care issues by the surgical and medical departments in their Morbidity and Mortality Review. The use of mortality rates alone as the measure of institutional quality is not without some problems. We would like to comment specifically about the HCFA approach used in this report.

ACCURACY OF THE DATA

We are pleased to note there were no categories of illnesses in which Sancta Maria's actual mortality rate exceeded the predicted mortality rate. The reported data were reviewed and verified by the Quality Assurance Committee and were found to be accurate within the strict confines of the report. No data errors were noted. To verify the accuracy of the data, the category of "Gastrointestinal Catastrophes" was reviewed in depth. In this category the range of predicted mortality rates were given as 20 - 69%. The hospital's actual mortality rate was 60%. Specific comments related to the hospital's internal review of this category are included below.

Although the mortality data were found to be accurate, the reported hospital characteristics were incorrect. Sancta Maria is a Catholic hospital licensed for 150 beds with an occupancy rate of 45% for fiscal year 1987 based on the 150 beds, however, the hospital staffed for 80 beds with a resultant 84% occupancy rate. Of the hospital's sixty-six active medical staff members, forty-one or 62% are Board Certified Specialists. The information source cited by the HCFA report, listed 56 registered nurses and 6 licensed practical nurses worked full-time in the hospital. However, HCFA's manipulation of this number by applying the number of nurses to the number of hospital beds is misleading as several hospitals are staffed for less than their licensed capacity. This also does not take into account part-time and per diem nursing personnel. Sancta Maria staffs according to a patient classification system which determines the appropriate skill mix necessary to care for their patients. Specialty services include a combination Intensive Care and Coronary Care Unit and affiliations with local hospice programs.

INTERPRETATION OF THE REPORT

We acknowledge and applaud improvements in the methodology of the model, reflective of comments issued by hospitals last year. Incorporation of patient age and the refinement of prior admissions appear to have improved the predictive capabilities of the model. We would agree with HCFA when it warns against the use of this data by itself to make judgements about the quality of care at an individual hospital. The exclusions of any measure of severity of patient illness limits the applicability of the model. The additional difficulty in the use of this mortality data as a measure of quality of care provided within the institution is the inability to separate out patients for whom death is not an undesirable nor unanticipated event, such as a severely debilitated alzheimers patient requiring total care and unable to recognize even his own children, and the terminal cancer patient for whom there is no further available specific anti-cancer therapy. A potential marker for these cases might be the use of "Do not resuscitate (DNR)" orders where the patient and/or patient's family and physician have agreed not to provide cardiac resuscitation should the patient's heart or breathing stop.

SPECIFIC CATEGORICAL REVIEW

Although no actual mortality rate exceeded the predicted mortality rate in any of the diagnostic categories, Sancta Maria Hospital chose to review an entire category on an in-depth, individual case basis. In the category "Gastrointestinal Catastrophes", HCFA reported nine deaths out of a total of fifteen cases reviewed in the report. When these nine cases were reviewed by our Quality Assurance Committee it was found that eight of the nine patients that died were on DNR status. We find this notable. The treatment these patients received while hospitalized was found to be consistent with standard medical practice and no quality of care problems were found in this special review.

In summary, no problems were identified that indicated inappropriate, inadequate or sub-standard patient care. No indication of premature discharge of any part of our patient population was found. In that the categorical review found HCFA statistics to be inconclusive in their ability to reflect actual patient care, the hospital will continue to further analyze the reported diagnostic categories, in an attempt to correlate the statistics, in some meaningful way, with quality of patient care.

HOSPITAL QUALITY ASSURANCE PROGRAMS

Sancta Maria Hospital is committed to ensure quality care for all its patients. The hospital, and its medical staff, are subjected to constant review of patient care by the Massachusetts Peer Review Organization (MassPRO). The hospital welcomes this review as we are confident that our patient care and internal systems are as good as humanly possible. This intense review has not, to date, identified any significant quality issues with regard to patient care at Sancta Maria.

A comprehensive, multi-disciplinary Quality Assurance program continually monitors the quality and performance of our patient care services. The Quality Assurance Committee meets regularly, and, as a standing committee of the Board of Trustees, is comprised of hospital trustees, physicians and administrative personnel. In addition, each medical staff department has an ongoing mortality/morbidity review program, where every patient death, and other categories of designated review, is evaluated according to pre-established criteria. Based on this review, the physician/chief of each department recommends corrective action to improve quality of care when indicated. Patient rounds are conducted daily by a multi-disciplinary group as a mechanism whereby patient care concerns could be addressed and responded to in an expedited manner. The multi-disciplinary Concurrent Care Committee meets weekly to review the appropriateness of the care hospitalized patients receive.

Other systems are in place to monitor patient satisfaction, as well as the quality of non-medical hospital services. All patients, upon admission to the hospital, are clearly informed how to contact the hospital president, should they need to file a complaint, or question any aspect of the care they receive while hospitalized.

SOLDIERS HOME OF HOLYOKE

CHERRY ST
HOLYOKE, MA 01040

Medicare Hospital Provider Number: 220153

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	53	6	5 - 20	53	15	7 - 28
Cancer	3	33	6 - 87	4	0	6 - 71
Cerebrovascular Accidents	0	-	-	1	0	1 - 97
Gastrointestinal Catastrophes	0	-	-	1	0	0 - 99
Infectious Disease	1	0	0 - 98	0	-	-
Metabolic/Electrolyte Disorders	1	0	2 -100	1	0	0 - 98
Pulmonary Disease	7	14	7 - 64	7	43	5 - 71
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	3	33	7 - 88
Severe Chronic Heart Disease	0	-	-	2	100	4 - 88
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	12	0	0 - 97	6	0	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	2	0	0 -100
Musculoskeletal/Skin Conditions	3	0	0 -100	0	-	-
Neuropsychiatric/Sensory Disease	1	100	0 -100	0	-	-
Urologic Disease	13	0	0 -100	6	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1986

Total Beds (#):	27
Ownership/Control:	State Government

STAFFING

Interns and Residents:	0
Registered Nurses:	8
Licensed Practical Nurses:	1

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOMERVILLE HOSP

230 HIGHLAND AVE
SOMERVILLE, MA 02143

Medicare Hospital Provider Number: 220004

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	805	13	11 - 17	1,067	14	12 - 18
Cancer	30	50	24 - 61	33	55	30 - 66
Cerebrovascular Accidents	26	31	12 - 48	53	34	18 - 45
Gastrointestinal Catastrophes	9	33	10 - 68	7	29	13 - 75
Infectious Disease	8	0	15 - 57	14	21	19 - 64
Metabolic/Electrolyte Disorders	47	21	10 - 40	37	16	9 - 40
Pulmonary Disease	53	23	17 - 42	69	35	17 - 41
Renal Failure	2	100	6 - 91	4	25	6 - 84
Severe Acute Heart Disease	40	32	21 - 51	64	45	31 - 56
Severe Chronic Heart Disease	70	27	15 - 37	78	23	15 - 35
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	55	5	0 - 22	78	1	2 - 10
Gynecologic Disease	8	0	0 -100	22	0	0 -100
Low-Risk Heart Disease	47	0	1 - 12	91	3	1 - 11
Musculoskeletal/Skin Conditions	83	1	1 - 9	123	1	1 - 7
Neuropsychiatric/Sensory Disease	22	0	0 - 39	40	0	0 - 16
Urologic Disease	40	0	0 - 19	35	6	0 - 37

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	79
Occupancy Rate (%):	91
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	51
Percent of Physicians Who Are Board Certified Specialists:	76
Interns and Residents:	0
Registered Nurses:	84
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOUTH COMMUNITY HOSPITAL

111 DEDHAM STREET
WALPOLE, MA 02056

Medicare Hospital Provider Number: 220079

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	469	18	16 - 24	472	17	15 - 22
Cancer	56	52	34 - 63	46	46	28 - 59
Cerebrovascular Accidents	12	25	10 - 58	8	25	8 - 66
Gastrointestinal Catastrophes	8	38	19 - 80	1	100	3 - 99
Infectious Disease	7	43	12 - 76	12	33	14 - 66
Metabolic/Electrolyte Disorders	17	18	14 - 54	14	57	21 - 70
Pulmonary Disease	25	32	17 - 54	40	17	15 - 41
Renal Failure	4	75	15 - 91	2	50	6 - 95
Severe Acute Heart Disease	10	40	14 - 69	17	24	20 - 61
Severe Chronic Heart Disease	14	14	11 - 51	13	23	8 - 55
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	31	6	0 - 47	23	4	0 - 48
Gynecologic Disease	0	-	-	2	0	0 -100
Low-Risk Heart Disease	36	0	1 - 14	51	4	0 - 20
Musculoskeletal/Skin Conditions	37	5	0 - 28	29	7	1 - 30
Neuropsychiatric/Sensory Disease	13	8	0 - 67	12	8	0 - 99
Urologic Disease	9	0	0 -100	8	0	0 - 96

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1987

Total Beds (#):	185
Ownership/Control:	State Government

STAFFING

Interns and Residents:	0
Registered Nurses:	96
Licensed Practical Nurses:	50

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	Yes

NV
HS

**Southwood
Community Hospital**

John D. Dalton
Senior Vice President

111 Dedham Street
Norfolk, Massachusetts 02056
Telephone (617) 668-0385

October 20, 1988

William L. Roper, M.D.
Health Care Financing Administration
Health Standards & Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Medicare Provider # 22 00 79

Dear Dr. Roper:

Representatives of Southwood Community Hospital's Medical Staff, Administration and Quality Assurance Department have reviewed the Mortality Data for 1986 and 1987 as presented in your recent report and agree with the major findings of the report.

This HCFA Mortality Study indicates that Southwood Community Hospital fell well within the acceptable ranges of predicted mortality rates for all categories.

However, we would like to point out that Southwood Community Hospital continues its tradition of cancer treatment that began more than 60 years ago when it was founded as Pondville Hospital. Today, through our Cancer Care Center this treatment encompasses hospice care, radiation therapy, surgical oncology, medical oncology, mammography, physical therapy, support groups and monthly cancer screenings.

We would like to draw attention to the fact that of the deaths in all other categories other than cancer, 38 cases (or 60%) of these also had a secondary diagnosis of cancer. Of these 38 cases, 14 were admitted for radiation therapy, (with 11 of the 14 being transferred from other hospitals specifically for that purpose), and 20 were admitted for treatment of conditions directly related to cancer.

Only five cases out of the 38 cases (17%) were in the six low-risk categories, and of these five, three were cancer patients with end-stage disease.

In the six cases reported as having died after discharge, four were discharged to nursing homes and two home with one of them a terminal case under hospice care.

Southwood Community Hospital is dedicated to meeting the needs of its patients with the highest possible quality care. Our quality assurance and peer review are important ongoing programs to monitor that care using the standards and guidelines established by the Joint Commission on Accreditation of Healthcare Organizations.

A component of the Neponset Valley Health System

We would also like to point out that we found a number of inaccuracies concerning Southwood Community Hospital's characteristics on the report which bear correction at this time.

First, the name and address of the Hospital is:

Southwood Community Hospital
111 Dedham Street
Norfolk, Massachusetts 02056

Beds: (# Licensed)	185
Beds: (# Med-Surg)	92
Occupancy Rate: (%)	58.3%
Ownership/Control:	Private/Non-Profit

Specialty Services

Shock/Trauma or Burn Unit:	No
Intensive Care Unit	Yes
Acute Renal Dialysis Unit:	No
Hospice:	Yes
Alcohol/Substance Abuse	Yes

Staffing

Total # of Physicians:	161
Percent of Physicians who are Board Certified:	83.5%
Interns & Residents per Bed:	0
Registered Nurses per Bed:	-
LPNs per Bed:	-

Sincerely,

JOHN D. DALTON
Senior Vice President, Operations

JDD:hl

SOUTH SHORE HOSP

55 FOGG RD
SOUTH WEYMOUTH, MA 02190

Medicare Hospital Provider Number: 220100

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,668	14	12 - 17	2,714	14	11 - 16
Cancer	111	33	31 - 53	113	44	30 - 53
Cerebrovascular Accidents	125	22	19 - 36	130	22	17 - 33
Gastrointestinal Catastrophes	35	51	21 - 57	29	28	15 - 52
Infectious Disease	34	21	20 - 51	33	27	22 - 56
Metabolic/Electrolyte Disorders	58	17	15 - 42	54	24	13 - 42
Pulmonary Disease	137	24	18 - 36	150	31	17 - 35
Renal Failure	12	58	14 - 74	17	41	14 - 71
Severe Acute Heart Disease	171	43	30 - 48	148	44	30 - 48
Severe Chronic Heart Disease	186	33	18 - 33	160	24	18 - 33
Severe Trauma	9	22	8 - 65	7	29	11 - 74
Gastrointestinal Disease	198	4	2 - 9	186	6	1 - 10
Gynecologic Disease	25	0	0 -100	29	0	0 -100
Low-Risk Heart Disease	251	4	1 - 7	319	2	2 - 6
Musculoskeletal/Skin Conditions	212	3	1 - 7	190	1	1 - 6
Neuropsychiatric/Sensory Disease	54	4	0 - 22	45	2	0 - 26
Urologic Disease	102	2	0 - 13	82	1	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	280
Occupancy Rate (%):	88
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	176
Percent of Physicians Who Are Board Certified Specialists:	93
Interns and Residents:	0
Registered Nurses:	328
Licensed Practical Nurses:	74

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOUTH
SHORE
HOSPITAL

David T. Hannan, President

FOR RELEASE: OCTOBER 1988

STATEMENT FROM DAVID T. HANNAN, PRESIDENT/CEO OF SOUTH SHORE HEALTH AND EDUCATIONAL CORPORATION AND SOUTH SHORE HOSPITAL, IN RESPONSE TO HCFA MORTALITY DATA

Medicare Provider #220100

Regarding this year's mortality data release, we find that South Shore Hospital's actual mortality experience in total and in all of the diagnostic categories examined is within HCFA's expected ranges. The Hospital interprets these findings favorably in light of the institution's high patient acuity experience. In its case by case review of the data, the Hospital determined that 72 percent of reported deaths were in high risk diagnoses as defined by HCFA.

South Shore Hospital is a private, not-for-profit, acute care community hospital licensed to operate 280 beds (189 medical/surgical, 32 intensive/coronary care, 30 obstetrical, and 29 pediatric/young adult) and 54 newborn bassinets. The Hospital provides a broad range of inpatient services and is a regional health and wellness resource for the 306,000 residents of 20 towns south of Boston. The Hospital's 275 physicians represent virtually every major medical specialty, and 83 percent are board certified.

Our medical/surgical occupancy rate is 95 percent, making us one of the most actively utilized hospitals in the Commonwealth. The Hospital's Medicare medical case mix index is 1.24, which clearly indicates the complexity and severity of patient health care problems which the institution treats.

Our commitment to delivering quality patient care is evidenced by a strong hospital-wide quality assurance program involving physicians, nurses, and other direct patient care professionals from all clinical areas. The quality and continuity of care and services provided to all of our patients is continually monitored with the help of a full time quality assurance professional staff against explicit practice standards developed by members of the medical staff and other clinical professionals at the Hospital. These practice standards are routinely and regularly reviewed for appropriateness.

HCFA has been responsive to hospitals' concerns expressed in last year's comments regarding the statistical methodologies and definition of diagnostic categories. We applaud the fact that four diagnostic categories have been revised in order to more accurately reflect the types of patients that would comprise that population. We are pleased that South Shore Hospital was one of the hospitals selected nationally to submit its records to help HCFA develop this new evaluation model.

This year's statistical model is an improvement over last year's in that the diagnostic categories have been refined in order to ensure that patients with different risks of death are not grouped into the same category, as happened with last year's model.

Over the past three years, HCFA has proven their commitment to responding to hospitals' comments and improving the statistical methodology used in preparing these mortality reports. Although progress has been made, in that previous medical conditions and complications are factors in the prediction of mortality rates, HCFA has still not been able to completely adjust the data to account for severity of illness. We recognize that HCFA has acknowledged the need to continue working on such a methodology.

Despite the latest adjustment's to HCFA's model, health care consumers still should not use this information as the only measure of a hospital's quality of care, or as a comparison between hospitals. An ongoing hospital quality assurance program, supported by administration and the medical staff, remains the only valid method of assessing the quality of medical care provided to our patients.

South Shore Hospital appreciates the opportunity to comment on this material. We encourage health care consumers to make informed decisions based on accurate, reliable, and complete information. Quality health care is a mutual goal for both consumers and providers. South Shore Hospital's participation in refining HCFA's model for 1987 data is an example of how we can work together to create accurate evaluation and reporting systems so that truly informed decisions can be made.

* * * * *

ST ANNES HOSP CORPORATION

795 MIDDLE ST
FALL RIVER, MA 02722

Medicare Hospital Provider Number: 220020

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,768	16	12 - 17	1,753	16	12 - 17
Cancer	87	44	29 - 54	98	47	31 - 55
Cerebrovascular Accidents	91	24	17 - 36	88	30	19 - 40
Gastrointestinal Catastrophes	17	41	13 - 60	13	46	14 - 66
Infectious Disease	27	33	22 - 59	36	42	23 - 58
Metabolic/Electrolyte Disorders	30	30	14 - 50	21	19	12 - 50
Pulmonary Disease	86	26	16 - 37	100	17	15 - 34
Renal Failure	11	27	13 - 73	15	60	18 - 76
Severe Acute Heart Disease	105	43	29 - 50	108	52	31 - 52
Severe Chronic Heart Disease	105	23	14 - 32	125	18	14 - 29
Severe Trauma	2	0	3 - 88	2	0	3 - 88
Gastrointestinal Disease	137	1	1 - 7	101	1	1 - 8
Gynecologic Disease	7	14	0 -100	7	0	0 -100
Low-Risk Heart Disease	189	5	2 - 9	200	2	2 - 7
Musculoskeletal/Skin Conditions	115	4	1 - 11	131	4	1 - 10
Neuropsychiatric/Sensory Disease	47	0	0 - 16	23	4	0 - 80
Urologic Disease	52	2	0 - 41	71	1	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	182
Occupancy Rate (%):	84
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	118
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	124
Licensed Practical Nurses:	38

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

S+ANNE'S HOSPITAL Corporation
795 Middle St., Fall River, Mass. 02721-1798 • (617) 674-5741

October 20, 1988

Dr. William L. Roper, Administrator
Dept. of Health & Human Services
Health Care Financing Administration
Health Standards & Quality Bureau
P.O. Box 26684
Baltimore, Maryland 21207

Dear Dr. Roper:

Thank you for this opportunity to respond to the recently released Medicare mortality data for St. Anne's Hospital. As an institution committed to providing and monitoring quality care, we appreciate your efforts to make such information available to the consumers of health services. The comments presented below relate both to discrepancies between HCFA's data and our own internal data base as well as to the use and interpretation of mortality data for our patient population.

1. Seven (7) out of the forty-five (45) deaths identified "severe acute heart disease" were miscoded. The actual cause of death in each of these cases was pulmonary embolism or pulmonary edema. Correction of this error changes the mortality rate within this category from 43% to 38%.

2. It is important to note that patient condition upon admission is an important predictor of mortality for acute heart disease, and one that is as yet unmeasured by HCFA. In St. Anne's experience, 15 of the 38 Medicare patients who died of "severe acute heart disease" in 1987 presented themselves in extremely poor condition, were resuscitated and died within 24 hours of admission.

3. The large cancer case mix at St. Anne's contributes significantly to high overall mortality rates. Moreover, problems inherent in the coding system mask the actual number of deaths attributed to cancer. For example, looking at just 3 non-cancer diagnostic categories, 53% of the reported deaths were due to diagnoses secondary to cancer. More specifically, 6 out of the 9 deaths coded under "infectious diseases", and 40 out of the 75 deaths coded under "pulmonary disease" were secondary to cancer. In undefined categories (37% of all Medicare cases and 22% of all deaths), 32 out of 63 reported deaths were secondary to cancer.

4. As mentioned in last year's comments, the significance of St. Anne's "uniqueness" as a regional cancer center and the impact that this has on case mix and overall mortality rates cannot be underestimated. The program draws patients from beyond our primary service area and receives a large number of referrals from other acute care hospitals. It is significant that 95% of the patients listed as cancer deaths in HCFA's report were admitted in the terminal stages of their illness. Approximately 18% were transferred from other acute care hospitals, and for about 25% of these, the only admission to St. Anne's was at the time of their terminal event. Moreover, as mentioned above, cancer as a cause of death is often masked by other conditions. As a result of these factors, it is difficult to make direct comparisons with other hospitals, particularly those without similar cancer programs.

Finally, it is important to re-emphasize that the use of mortality data does not, in itself, provide a measure of quality, but is instrumental in guiding quality assurance efforts. Our quality assurance staff reviews patient records on a daily basis using many criteria, including mortality, that reflect current professional standards. In addition, physicians meet monthly to evaluate patient outcomes against standards of care that are in compliance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Peer Review Organization (PRO) of the Massachusetts Medical Society and other regulatory agencies. This rigorous mechanism of constant review and evaluation allows us to identify specific areas on which to focus more detailed review and to maintain the high standards of care that we constantly strive to achieve.

In closing, I again applaud your efforts to provide consumers with accurate and reliable information on quality of care, and hope that my comments help to place the data in the proper context.

Thank you.

Sincerely,

Alan D. Knight

Alan D. Knight,
President

ADK/mld

ST ELIZABETHS HOSP

736 CAMBRIDGE ST
BRIGHTON, MA 02135

Medicare Hospital Provider Number: 220036

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,497	14	13 - 17	2,266	13	14 - 18
Cancer	85	39	31 - 55	100	35	37 - 60
Cerebrovascular Accidents	88	27	20 - 40	73	12	23 - 41
Gastrointestinal Catastrophes	30	37	18 - 55	31	29	22 - 57
Infectious Disease	35	51	30 - 65	20	35	20 - 62
Metabolic/Electrolyte Disorders	68	13	15 - 39	56	20	15 - 42
Pulmonary Disease	225	29	24 - 40	167	37	24 - 42
Renal Failure	15	20	16 - 70	16	31	18 - 75
Severe Acute Heart Disease	93	38	30 - 52	77	48	30 - 54
Severe Chronic Heart Disease	133	21	21 - 36	118	14	18 - 33
Severe Trauma	7	43	3 - 72	8	13	7 - 62
Gastrointestinal Disease	122	2	1 - 8	135	4	2 - 10
Gynecologic Disease	17	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	370	4	2 - 7	311	4	3 - 8
Musculoskeletal/Skin Conditions	188	4	1 - 9	186	3	1 - 7
Neuropsychiatric/Sensory Disease	86	1	1 - 10	73	3	1 - 13
Urologic Disease	74	5	0 - 27	50	2	0 - 29

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	350
Occupancy Rate (%):	81
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	217
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	105
Registered Nurses:	433
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

ST. ELIZABETH'S HOSPITAL OF BOSTON
736 Cambridge Street, Boston, Massachusetts 02135 (617) 789-3000

WILLIAM J. SKERRY
President

October 21, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health and Human Services
Health Standards and Quality Services
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Dr. Roper:

As you requested in your letter of September 15, St. Elizabeth's Hospital is providing comments on the HCFA mortality data for CY 1987. A sampling of corrections to the original data are provided in an addendum, with a notation that it is not for publication since it contains individual patient identification.

We support your efforts to assure that the measures selected and the data developed are both valid and correctly interpreted. We strongly suggest that the data not be published as it contains errors and inconsistencies. We share HCFA's concern that the quality of health care be the highest achievable given the resources available, and recognize that the development of the Medicare mortality data is one step in a process to measure quality. However, we are concerned that this measure by itself is easily misinterpreted, as demonstrated by the study conducted by the New York Department of Health which found that high outlier hospitals reported in the 1986 HCFA mortality study had significantly lower percentages of quality of care problems when evaluated by other quality screens. For that reason we look forward to continued participation with HCFA and hospital organizations to develop measures that will be truly useful in assessing quality among hospitals.

In our response we address the following three issues:

- The difficulties we experience in attempting to verify the data and the inconsistencies which suggest the data are not valid,
- The impact of our teaching and speciality programs on the mix of patients attracted to St. Elizabeth's Hospital, and
- The Hospital's Quality Assurance Program, which includes, as one component, physician review of all deaths.

Thank you for the opportunity to comment. If there are any questions, please call Mrs. Marie Barry at (617) 789-2443.

Sincerely yours,

William J. Skerry
President

ST. ELIZABETH'S HOSPITAL OF BOSTON
736 Cambridge Street, Boston, Massachusetts 02135 (617) 789-3000

COMMENTS ON HCFA MORTALITY DATA, CY 1987

We have reviewed the 1987 Medicare Mortality report which HCFA has compiled for St. Elizabeth's Hospital. Our review leads us to believe that the largest problems in interpreting the data result from:

- Such large discrepancies in the count of total Medicare deaths between internal Hospital records and HCFA data that it is impossible to know whether apparent changes from year to year are significant, since they could result either from clinical differences or from statistical errors (Please see Item 1, pg. 1).
- Lack of information on patients who died after discharge, since those deaths could well be unrelated to the condition for which the patient was hospitalized. They could have occurred during management of the patient at home or in a post acute treatment facility (Please see Item 2, pg. 1).
- The inability to verify the data by comparing internal Hospital records with the limited information HCFA provided (Please see Item 3, pg. 1).
- The fact that the average patient age at death for our Medicare patients is 79 years. Mortality data for other age groups would obviously differ greatly (Please see Clin. Review, pg. 2).
- Most significantly, the fact there is yet no validation of a positive relationship between hospitals in high outlier status for Medicare mortality and hospitals with quality of care problems documented with other quality of care screens. The recent New York Department of Health Study found the HCFA's ten highest outlier hospitals had significantly lower percentages of quality of care problems than non-outlier hospitals when other screens were applied.

ACCURACY OF THE DATA

1) In-hospital deaths. When we compared an internal tabulation of in-hospital Medicare deaths for this period with the HCFA case list we found a discrepancy rate in excess of 20%.

2) Post-discharge deaths. 15% of the deaths included with St. Elizabeth's Hospital data fall into the category of post-discharge deaths within 30 days of admission. We are working with our physicians to verify these deaths and to review the last admission through our Quality Assurance Program.

3) Verification of Total Medicare Beneficiaries and Mortality Percentages. We are unable to verify these data from the limited information HCFA has provided, but there are substantial differences between internal data and that which HCFA records. Our records identify 4603 hospitalizations for 3150 beneficiaries, 653 more than the 2497 beneficiaries HCFA reports. The HCFA methodology excludes patients hospitalized 30+ days before death, patients transferred to other hospitals and all patients hospitalized during the year but assigned to another hospital to which there were later admitted. Our records document less than 12% of the 653 patients in the first two categories. The remaining difference (18% of all Medicare beneficiaries hospitalized here) may be in this third category. However, we have no way to document either the number of such patients or the disease categories in which they fall.

This inability to verify the numbers is critical. HCFA expresses the hospital mortality rate as a percentage of the number of individuals hospitalized, in total and by disease category. Since we cannot verify the numbers, we cannot verify the percentages.

4) Quality Implications. We applaud HCFA's goal to focus on outcome measures to track quality of care problems. However, we believe that it is premature to publish Medicare mortality data as an isolated measure of hospital quality until the methodology is validated and data accuracy is improved. The current report attempts to assess the relationship between each of five important patient characteristics and the risk of death. However, data are not available to assess the relative risk of death associated with the stage and severity of the patient's illness, his/her health status and psychological condition, and family support. It is essential to emphasize that the data are for Medicare patients only and would be expected to differ for other age groups.

ST. ELIZABETH'S HOSPITAL ROLE/CLINICAL REVIEW OF MORTALITY DATA

St. Elizabeth's Hospital plays a major role in medical education and bio-medical research as a major affiliate of Tufts University School of Medicine. The Hospital offers a broad range of specialty and sub-specialty services, including referral programs in Cardiology/Cardiothoracic Surgery, Respiratory Disease, Neurology, Hematology/Oncology and End Stage Renal Disease; which attract high risk geriatric patients. St. Elizabeth's is also the referral hospital for the Good Samaritan Hospice.

HCFA reports actual death rates for St. Elizabeth's Hospital to be within the "expected" mortality range, in total and for all disease categories. It is significant, in interpreting the data, to note that:
- Our average Medicare patient age at death was 79 years.
- Of patients who died, 52.0% came through the Emergency Room, 9.3% were transferred from other acute care hospitals, and 25.3% were transferred from Nursing Homes. These groups combined account for 86.6% of all Medicare deaths.

Physicians focused on patients records in three categories for which our reported actual death rate approximated the middle of the "expected" range.

- Gastrointestinal Catastrophes. Of the 9 deaths in the focus review, 5 indicated patients over the age of80 (including 3 over 90), and 5 deaths within 3 days of admission (including 3 who died the day of admission). Two of these patients required surgery.

- Infectious Disease. Of the 15 deaths in the focus review, 7 patients were over the age of 90, 13 were transferred from nursing homes, and 9 died within 3 days of admission (including 4 within 24 hours of admission).

- Cerebrovascular Accidents. Of the 15 deaths in the focus review, 10 patients were over the age of 80, 7 died within 3 days of admission, and two required surgery for aneurysms.

QUALITY ASSURANCE.

St. Elizabeth's Hospital's principal goal is to provide high quality patient care. Efforts directed to this end include physician review of all deaths, focusing on unexpected deaths; regular meetings of all clinical and ancillary departments which routinely address patient care issues; and Medical Staff committees focused on the quality of patient care. The Department of Quality Assurance provides an ongoing system of collecting and evaluating information about important aspects of patient care. Toward this goal, all areas involved in the delivery of patient care services and outcomes are evaluated to insure that standards and guidelines comply with rules and regulations of the professional staffs. Problems identified and recommendations for corrective action are referred to the Medical Peer Review Committee, the Hospital President, and the Board of Trustees.

Sincerely,

William J. Skerry
President

Hospital I.D. # 220036

ST JOHNS HOSP

1 HOSPITAL DR
LOWELL, MA 01852

Medicare Hospital Provider Number: 220082

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,811	14	12 - 16	1,870	13	12 - 16
Cancer	46	46	31 - 61	49	47	30 - 61
Cerebrovascular Accidents	59	25	16 - 40	66	24	17 - 39
Gastrointestinal Catastrophes	10	50	12 - 70	10	40	16 - 72
Infectious Disease	34	50	15 - 51	26	46	20 - 60
Metabolic/Electrolyte Disorders	68	28	18 - 46	53	17	14 - 41
Pulmonary Disease	117	26	17 - 36	142	20	17 - 34
Renal Failure	8	63	17 - 83	11	55	21 - 84
Severe Acute Heart Disease	86	45	29 - 52	81	37	30 - 53
Severe Chronic Heart Disease	120	28	20 - 37	117	25	19 - 36
Severe Trauma	0	-	-	3	67	1 - 89
Gastrointestinal Disease	146	3	2 - 9	144	4	1 - 10
Gynecologic Disease	7	0	0 -100	14	0	0 -100
Low-Risk Heart Disease	200	5	1 - 9	212	1	2 - 6
Musculoskeletal/Skin Conditions	153	4	1 - 10	175	3	1 - 8
Neuropsychiatric/Sensory Disease	37	5	0 - 36	42	5	0 - 33
Urologic Disease	71	1	0 - 28	57	2	0 - 68

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	254
Occupancy Rate (%):	60
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	133
Percent of Physicians Who Are Board Certified Specialists:	87
Interns and Residents:	0
Registered Nurses:	140
Licensed Practical Nurses:	44

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

St. John's Hospital

Hospital I.D.#220082.

October 19, 1988.

Health Care Financing Administration
Health Standards & Quality Bureau
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

RE: St. John's Hospital's Response to Medicare Mortality Data

St. John's Hospital is a 252 bed Community Hospital delivering quality patient care to primarily medical/surgical patients with the Medicare admissions fluctuating between 43-45% of the total patient population served. St. John's Hospital maintains over 100 physicians on the active medical staff: 69% of whom are board certified. In this era of critical nurse shortages, St. John's Hospital is pleased to point out that our liscensed nursing personnel ratio per patient beds is one to one.

St. John's Hospital in reviewing the HCFA mortality data for 1987 never exceeded the range of predicted mortality in any of the sixteen catefories identified. The Hospital also wishes to comment on the release of this mortality data to the general public. Although modified somewhat from the data released last year, this still is not a valid indicator as to the quality of patient care rendered within any institution. There still remains a basic uncertainty in medical practice whereby it is impossible to say whether a patient's death may have been prevented and most certainly, no institution can ever maintain control of its patient population after discharge from the hospital setting.

The average life expectancy in the United States for 1987 according to the Metropolitan Life Insurance Company was 75 years (71.4 for males, 78.4 for females). The average age of St. John's Hospital's patient on this mortality report has been identified at 80 years. Given that the Medicare patient presents to the Hospital with multiple coexisting cormorbidities, the Hospital feels fortunate to have offered those medi-

HOSPITAL DRIVE, P.O. BOX 30, LOWELL, MASSACHUSETTS 01853 AREA CODE 617-458-1411

cal services which allowed these patients to be treated thus contributing to a better than average life expectancy.

Sincerely,

Rodney N. Huebbers
Vice President of
Operations.

ST JOSEPHS HOSP

220 PAUTUCKET ST
LOWELL, MA 01854

Medicare Hospital Provider Number: 220045

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,302	17	11 - 16	1,259	14	11 - 16
Cancer	41	56	32 - 64	44	52	30 - 62
Cerebrovascular Accidents	41	41	13 - 43	40	35	13 - 43
Gastrointestinal Catastrophes	22	45	19 - 62	17	35	23 - 69
Infectious Disease	24	38	16 - 56	23	26	17 - 56
Metabolic/Electrolyte Disorders	45	29	11 - 43	32	19	7 - 40
Pulmonary Disease	52	38	15 - 43	44	32	14 - 43
Renal Failure	13	62	17 - 76	12	42	16 - 77
Severe Acute Heart Disease	50	40	23 - 51	59	44	26 - 52
Severe Chronic Heart Disease	98	23	15 - 33	64	20	16 - 37
Severe Trauma	2	0	1 - 89	2	0	1 - 90
Gastrointestinal Disease	104	3	1 - 10	103	6	1 - 14
Gynecologic Disease	14	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	128	8	1 - 13	147	7	1 - 12
Musculoskeletal/Skin Conditions	121	1	1 - 7	106	6	0 - 16
Neuropsychiatric/Sensory Disease	46	0	1 - 12	34	0	0 - 24
Urologic Disease	44	2	0 - 30	41	0	0 - 19

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	158
Occupancy Rate (%):	61
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST. JOSEPH'S HOSPITAL

220 PAWTUCKET STREET • LOWELL, MASS. 01854 • TEL. [508] 453-1761

October 24, 1988

Health Care Finance Administration
Health Standards & Quality Bureau
Meadow East Building 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

Gentlemen:

St. Joseph's Hospital recognizes the intent to publish in December of this year the Medicare Mortality Data on patients treated in 1987.

Analysis of the 1987 data reveals the following issue: Recalculation performed on the 1986 data with the 1987 formula does not allow a comparison to be drawn.

The AHA Survey Data of 1986 on Physician Staffing reflects active staff members only; it does not include Physicians who have courtesy, provisional, or consulting privileges. The number reported for Board Certified Specialists appears to be correct; but since that time, there has been an increase of Board Certified Specialists in the hospital--for example, all the Emergency Room Physicians are now Board Certified.

The admission source and status of a patient was not utilized as an element; neither was the "disposition" of patients who did not die.

Patients who are discharged from the acute care setting to a skilled nursing facility require additional support services versus patients who may be discharged to home. For example, refer to case [redacted] an 85-year-old patient with multiple system diseases in the category of cancer, who was discharged to a skilled nursing facility and died within 30 days after the acute care hospital experience.

Furthermore, when you refer to the patient's status on admission, using case [redacted] an 83-year-old female, who was found alone at home, unresponsive, in the category of cerebral vascular accident, with intercerebral hemorrhage and a subdural hematoma, it is important to note the patient entered the hospital with these risk factors.

We reviewed 21 per cent of the total patients admitted on the hospital listing including seven of the diagnostic categories.

Deaths were reviewed, and the common factor noted is that the principal diagnosis did not reflect patient's cause of death.

There are patients in this group with multiple encounters at the hospital, who had reached their optimal level of care prior to being discharged. In some instances these patients returned for comfort measures, only, on their last encounter. (Recently, we have become involved in the Hospice Program.)

Of the cases reviewed in the seven diagnostic categories, 25 per cent were patients who did not die in the hospital. These patients' severity of illness, based upon the chart review, was less intense than the patients in the diagnostic grouping who died in the facility.

For example, patient [redacted] an 84-year-old female, who was treated for bacterial pneumonia and mild CHF, was most recently seen in August of this year; versus patient [redacted] an 84-year-old female, who was admitted from the Nursing Home to the acute care hospital for treatment of pneumonia, acute congestive heart failure, and renal failure, did expire in the acute care setting.

One could go through this report and give numerous examples; but overall, we feel that this is a starting point in trying to develop quality. Yet, we recommend that more adequate information be utilized through chart review, admission source, developing the severity of illness index, and should not include only the principal diagnosis. Furthermore, with the decrease in the number of autopsies performed, cause of death has to be recognized as not being confirmed.

The Board of Trustees of St. Joseph's Hospital strives to assure the quality of patient care by requiring and supporting the hospital-wide Quality Assurance Program. This responsibility is delegated to the CEO, who in turn has delegated it to the Quality Assurance Committee and the Medical Director. The Department Heads/Chiefs of Service have the responsibility for quality assurance within their respective departments. Significant problems affecting patient care are reported to the Chiefs of Service and Medical Care Evaluation Committee for immediate action. All quality assurance activities are reported and summarized on a continuing basis to the Quality Assurance Committee. The Quality Assurance Committee reviews the summary, and problems are brought to the attention of the Medical Staff and Board of Trustees. Identified problems are resolved through actions taken by the Supervisory Staff, Medical Staff, Executive Committee, and other departmental services; when indicated, quality of patient care is improved.

Sincerely,

James H. Frame

James H. Frame
President

ST LUKES HOSP OF MIDDLEBORO

52 OAK ST
MIDDLEBORO, MA 02346

Medicare Hospital Provider Number: 220129

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	656	12	11 - 17	674	15	10 - 17
Cancer	15	47	26 - 74	17	35	22 - 67
Cerebrovascular Accidents	25	20	13 - 46	21	29	11 - 50
Gastrointestinal Catastrophes	4	25	6 - 81	11	9	11 - 55
Infectious Disease	14	36	14 - 63	11	45	16 - 71
Metabolic/Electrolyte Disorders	12	50	11 - 65	10	30	7 - 63
Pulmonary Disease	38	26	15 - 45	48	31	14 - 42
Renal Failure	1	0	0 - 98	0	-	-
Severe Acute Heart Disease	43	35	28 - 57	42	40	28 - 59
Severe Chronic Heart Disease	49	18	13 - 36	29	24	12 - 44
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	45	4	0 - 26	44	2	1 - 19
Gynecologic Disease	2	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	77	1	2 - 10	74	4	2 - 14
Musculoskeletal/Skin Conditions	66	0	0 - 9	100	3	0 - 13
Neuropsychiatric/Sensory Disease	22	14	0 - 93	21	0	0 - 60
Urologic Disease	19	0	0 - 91	24	4	0 - 89

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	66
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	41
Percent of Physicians Who Are Board Certified Specialists:	68
Interns and Residents:	0
Registered Nurses:	49
Licensed Practical Nurses:	30

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

St. Luke's Hospital
of Middleborough

October 20, 1988 Hospital ID #220129

Ms. Sandra Kappert
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Ms. Kappert:

Thank you for the opportunity to comment on the Medicare Hospital Mortality Information (1987) for St. Luke's Hospital of Middleborough (ID #220129).

Upon review of the specific mortality data for calendar year 1987, we find no discrepancies with the cases recorded or actual mortality rate. I do, however, note the following deficiencies in the Hospital Characteristics categories: Our licensed capacity is 66 beds, not 57 beds, and the percent of Board Certified specialists is 66%. I would suggest that if HCFA is going to utilize data for bed capacity and physicians from the AHA questionnaires, that they also use similar definitions. In the case of our facility, we have a total of 66 beds, 5 of which are in Intensive Care and 4 of which are Pediatrics. The terminology that you utilize does not differentiate between only medical-surgical or combined capacity.

We appreciate the opportunity to comment on this information.

Sincerely,

Peter W. Brown

Peter W. Brown
President

PWB:NKS
cc: Neal Bornstein, M.D.
Christine M. Vitale
Jean Preti

ST LUKES HOSP. OF NEW BEDFORD, INC.

101 PAGE STREET
NEW BEDFORD, MA 02740

Medicare Hospital Provider Number: 220021

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,989	13	11 - 15	4,005	13	12 - 16
Cancer	138	41	32 - 53	136	52	31 - 53
Cerebrovascular Accidents	179	27	18 - 34	227	24	20 - 34
Gastrointestinal Catastrophes	28	32	19 - 57	36	42	20 - 56
Infectious Disease	39	23	19 - 49	45	36	23 - 55
Metabolic/Electrolyte Disorders	110	28	19 - 43	155	23	14 - 36
Pulmonary Disease	231	24	18 - 33	222	15	17 - 31
Renal Failure	21	38	16 - 70	24	42	15 - 69
Severe Acute Heart Disease	193	38	31 - 48	203	35	31 - 47
Severe Chronic Heart Disease	268	21	17 - 29	235	25	17 - 31
Severe Trauma	8	0	14 - 58	15	20	13 - 58
Gastrointestinal Disease	332	3	1 - 6	358	4	2 - 7
Gynecologic Disease	40	0	0 -100	24	0	0 -100
Low-Risk Heart Disease	399	4	2 - 6	395	4	2 - 7
Musculoskeletal/Skin Conditions	351	4	1 - 6	361	2	1 - 6
Neuropsychiatric/Sensory Disease	99	7	0 - 19	100	2	1 - 10
Urologic Disease	155	2	0 - 9	146	0	1 - 5

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1987

Total Beds (#):	434
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	280
Licensed Practical Nurses:	177

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	Yes

Saint Luke's Hospital of New Bedford, Inc.

101 PAGE STREET, P.O. BOX H-3003, NEW BEDFORD, MA 02741-3003 617-997-1515

John P. Bihldorff, FACHE
President

VERIFICATION OF HCFA MORTALITY RATE DATA AND COMMENTS

In response to the Health Care Financing Administration's data of mortality rates based on the last admission of Medicare beneficiaries at St. Luke's Hospital of New Bedford, Inc., in New Bedford, Massachusetts, during the calendar year of 1987, this reports examines the following:

- Accuracy and limitations of the HCFA data.
- Unique characteristics of St. Luke's Hospital
- Ongoing quality assurance activities at St. Luke's Hospital.

ACCURACY AND LIMITATIONS OF HCFA DATA

There were no material problems or errors discovered in the HCFA data.

The data does not show any exceptions at St. Luke's Hospital in the expected mortality rate in the categories cited.

HCFA's report on mortality rates does not provide adequate data, medical review or specialized interpretation to be useful as a quality assurance guide or as a measurement of a hospital's performance. Limitations of the data most notably include the absence of any measurements of the severity of illness at the time of admission which is an extremely important indicator of a patient's prognosis and is particularly important when treating a large number of patients 75 years of age and older. The HCFA data also assumes that each hospital's patients are equal in terms of the level of illness. In fact, St. Luke's has unique circumstances which contradict this assumption.

UNIQUE CHARACTERISTICS OF ST. LUKE'S HOSPITAL

Most noteworthy among St. Luke's unique characteristics affecting this year's HCFA report is the fact that on December 1, 1987, St. Luke's Hospital acquired Parkwood Hospital. Prior to this date, Parkwood Hospital existed as an independent proprietary medical-surgical and psychiatric facility. Patients treated at Parkwood Hospital were considered patients in St. Luke's health care system for only one month in the calendar year 1987. Therefore our review of the HCFA data is presented separately for Parkwood and St. Luke's Hospital to more accurately reflect the existing situation.

Other unique factors pertaining to St. Luke's Hospital deserve special mention in relation to the data provided in this report.

St. Luke's has one of the highest rates of AND (Administratively Necessary Days) patients in the Commonwealth of Massachusetts. These elderly patients no longer require acute care hospitalization, but remain hospitalized, often for extended periods of time, until placement in a chronic care or nursing home facility is found. This situation means that St. Luke's has an extremely large percentage of patients 75 years of age and older. In the City of New Bedford, 45.6% of the population over 65 years of age fall into the category of 75 years and older. This is nearly 2% higher than the HSAV average. The significance of this increasing elderly population is reflected in St. Luke's statistics where nearly half (45%) of all patients are Medicare recipients. In addition St. Luke's discharges of patients 75 years of age and older are 4% higher than the national rate.

St. Luke's has an 18-bed oncology unit where many patients are being treated for end-stage diseases. St. Luke's also operates a growing Hospice program which provides special care for terminally ill patients in their own homes. These factors bear significance when examining the number of cancer deaths after hospital discharge.

Other services typically offered to the elderly include inpatient dialysis and the care of the acute stroke patient. Such services tend to attract patients who are more seriously ill.

These unique circumstances combined with the status of St. Luke's as the sole provider of acute care services in the area are important components that should be considered when attempting to interpret the HCFA data.

QUALITY ASSURANCE AT ST. LUKE'S HOSPITAL

While St. Luke's is committed to providing quality care and has long considered mortality review as part of its regular quality assurance program, mortality rates, by themselves, do not measure quality and can only be used as a tool in the quality assurance process which requires review by medical professionals.

Through accreditation by the Joint Commission on the Accreditation of Healthcare Organizations, a national and voluntary accreditation process, the hospital insures that the highest standards are met in delivering patient care and providing a comprehensive quality assurance program. In addition the hospital is licensed by the Commonwealth of Massachusetts which also mandates quality assurance programs.

St. Luke's quality assurance process starts early during a patient's hospital stay and includes the monitoring of unexpected occurrences, such as infection and early discharges, as well as unexpected deaths.

ST MARGARETS HOSP FOR WOMEN

90 CUSHING AVE
DORCHESTER, MA 02122

Medicare Hospital Provider Number: 220102

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	15	0	0 -100	20	0	0 - 41
Cancer	0	-	-	1	0	0 - 97
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	0	-	-	0	-	-
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	1	0	0 -100	0	-	-
Gynecologic Disease	9	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	0	-	-	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	1	0	0 -100
Neuropsychiatric/Sensory Disease	0	-	-	0	-	-
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	128
Occupancy Rate (%):	70
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	99
Percent of Physicians Who Are Board Certified Specialists:	76
Interns and Residents:	20
Registered Nurses:	177
Licensed Practical Nurses:	10

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

st. margaret's hospital for women

90 Cushing Avenue, Boston, Massachusetts 02125-2099 • Telephone (617) 436-8600

October 20, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

ATTEN: Sandra Kappert

RE: Hospital #220102

Dear Administrator:

St. Margaret's Hospital for Women is pleased to confirm that there were no deaths of hospitalized Medicare patients in 1987.

St. Margaret's Hospital for Women is a major Catholic obstetrical, gynecological and neonatology hospital specializing in services and programs for both women and infants. The expertise of neonatology and maternal-fetal medicine staff, the specialized training of the nursing staff, the knowledge and skills of the teaching faculty, and use of state-of-the-art technology, have earned St. Margaret's reputation for excellent treatment of high-risk infants and women with complicated and uncomplicated pregnancies. It is a member hospital of the Caritas Christi Health Care System and a major affiliated hospital of Tufts University School of Medicine.

St. Margaret's Hospital for Women maintains an active Quality Assurance and Utilization Review Program to ensure and provide ongoing monitoring and evaluation of the quality and appropriateness of patient care. This program has enabled St. Margaret's to maintain high quality standards for medical care and be responsive to all consumer and patient concerns.

Thank you for this opportunity to participate with the Health Care Financing Administration in its effort to produce and publish accurate information.

Sincerely yours,

Linda Caliga

Linda B. Caliga
President

amw

A CHARTER MEMBER OF CARITAS CHRISTI, A CATHOLIC HEALTH CARE SYSTEM

ST VINCENT HOSPITAL

25 WINTHROP STREET
WORCESTER, MA 01604

Medicare Hospital Provider Number: 220028

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,410	11	11 - 15	3,178	12	11 - 15
Cancer	135	36	29 - 50	129	38	31 - 53
Cerebrovascular Accidents	149	17	19 - 33	139	19	20 - 35
Gastrointestinal Catastrophes	39	33	18 - 52	26	46	17 - 57
Infectious Disease	44	27	19 - 49	34	32	18 - 53
Metabolic/Electrolyte Disorders	99	22	15 - 39	72	26	14 - 40
Pulmonary Disease	167	28	21 - 38	191	27	20 - 37
Renal Failure	21	24	16 - 68	10	40	14 - 77
Severe Acute Heart Disease	161	29	29 - 46	144	28	30 - 48
Severe Chronic Heart Disease	151	34	16 - 33	184	20	16 - 30
Severe Trauma	8	25	12 - 71	9	11	7 - 59
Gastrointestinal Disease	188	1	2 - 6	167	2	1 - 7
Gynecologic Disease	32	0	0 - 99	31	0	0 -100
Low-Risk Heart Disease	430	1	2 - 5	349	5	2 - 7
Musculoskeletal/Skin Conditions	296	1	1 - 5	276	1	2 - 5
Neuropsychiatric/Sensory Disease	144	1	0 - 7	192	1	1 - 5
Urologic Disease	112	1	0 - 9	113	4	0 - 18

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	559
Occupancy Rate (%):	61
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	389
Percent of Physicians Who Are Board Certified Specialists:	67
Interns and Residents:	63
Registered Nurses:	482
Licensed Practical Nurses:	129

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

SAINT VINCENT HOSPITAL, INC. WORCESTER, MASSACHUSETTS 01604 - TELEPHONE 617-798-1234

WILLIAM D. HARKINS
PRESIDENT AND
CHIEF EXECUTIVE OFFICER
617-798-6081

October 21, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Gentlemen:

Enclosed please find Saint Vincent Hospital's written comments regarding the 1987 HCFA Mortality Data.

Sincerely,

William D. Harkins

William D. Harkins
President and Chief Executive Officer

WDH:ffv
Enclosure

PROVIDER NUMBER 220028

SAINT VINCENT HOSPITAL, INC. WORCESTER, MASSACHUSETTS 01604 - TELEPHONE 617-798-1234

Thank you for the opportunity to review and evaluate the Health Care Financing Administration 1987 Mortality data for Saint Vincent Hospital.

The report indicates that a total of 377 Medicare patients admitted to Saint Vincent Hospital in 1987 expired. This includes 62 who died after discharge but within 30 days of admission. We have identified 4 patients in this category who actually expired while inpatients.

A nationally recognized system of measuring severity of illness at admission which grades patients on a scale of 0 to 4 (4 being the most severely ill), was used to perform an analysis of the Medicare population admitted to Saint Vincent Hospital. As was expected, the subset of patients who expired inpatient were older, sicker, and utilized far more resources than the subset that was discharged alive. A review of the 58 patients who expired after discharge revealed an average age and average admission severity of illness equivalent to that of the patients who expired while inpatient (Table I). More than a third of these patients had diagnoses of malignancies, and approximately 60% were discharged to subacute care facilities.

The overall mortality rate at Saint Vincent Hospital is at the lower end of the predicted range. It is below or at the lower end of the predicted range in 6 out of 16 diagnostic categories. It is below the midpoint of the predicted range in 9 out of 16 diagnostic categories. The only category in which it is above range is Chronic Severe Heart Disease. On review it was found that almost 95% of these 151 patients were placed in DRG 127 (Heart Failure and Shock). Not only is the average weighted admission severity of these patients higher than that of Saint Vincent Hospital's other Medicare patients, it is also higher than the national norm for Medicare DRG 127 patients (TABLE II).

Although the higher severity in itself could explain the higher mortality rate, it was decided that all 51 deaths in this category be reviewed by Saint Vincent Hospital's Director of Cardiology. The review revealed a high percentage of patients with "Not To Be Resuscitated" orders, and a substantial number who were transferred to Saint Vincent Hospital in view of their deteriorating condition from nursing homes and other hospitals. No errors of medical treatment or judgement were discovered.

All dimensions of the quality of care at Saint Vincent Hospital are objectively and rigorously monitored, reviewed, and evaluated on an ongoing basis. Our commitment to provide quality patient care is the foremost goal of our employees, our medical community, our administrative staff, and our Board of Trustees. We support HCFA's attempts to quantify quality of care issues, with the proviso that the use of statistics as an indication of quality be used only as a tool to direct further analysis.

STILLMAN INFIRMARY - HARVARD UNIV

75 MT AUBURN ST
CAMBRIDGE, MA 02138

Medicare Hospital Provider Number: 220133

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	20	0	2 - 24	32	3	3 - 21
Cancer	0	-	-	1	0	0 - 97
Cerebrovascular Accidents	0	-	-	1	0	1 - 97
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	2	0	0 - 96	3	0	1 - 81
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	2	0	1 - 91	1	0	0 -100
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	2	0	0 -100	2	0	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	4	0	0 - 88
Musculoskeletal/Skin Conditions	1	0	0 -100	2	0	0 -100
Neuropsychiatric/Sensory Disease	4	0	0 -100	1	0	0 -100
Urologic Disease	1	0	0 -100	1	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	34
Occupancy Rate (%):	44
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

STURDY MEMORIAL HOSPITAL

211 PARK STREET
ATTLEBORO, MA 02703

Medicare Hospital Provider Number: 220008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,581	13	11 - 16	1,730	13	11 - 15
Cancer	48	33	31 - 60	49	43	29 - 60
Cerebrovascular Accidents	79	18	17 - 36	78	32	19 - 41
Gastrointestinal Catastrophes	22	50	20 - 63	13	46	14 - 66
Infectious Disease	25	44	21 - 60	11	27	16 - 67
Metabolic/Electrolyte Disorders	37	11	9 - 37	39	31	12 - 45
Pulmonary Disease	101	34	18 - 39	101	20	15 - 34
Renal Failure	7	14	16 - 79	3	67	9 - 91
Severe Acute Heart Disease	74	39	28 - 52	78	37	30 - 53
Severe Chronic Heart Disease	90	23	14 - 33	99	22	16 - 34
Severe Trauma	1	0	0 - 98	2	50	0 - 94
Gastrointestinal Disease	150	5	1 - 11	160	6	1 - 11
Gynecologic Disease	14	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	169	4	2 - 9	173	6	2 - 10
Musculoskeletal/Skin Conditions	124	1	1 - 7	161	1	1 - 6
Neuropsychiatric/Sensory Disease	40	5	0 - 28	47	0	1 - 11
Urologic Disease	39	3	0 - 43	57	2	0 - 16

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 176
Occupancy Rate (%): 71
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 96
Percent of Physicians Who Are Board Certified Specialists: 71
Interns and Residents: 0
Registered Nurses: 128
Licensed Practical Nurses: 33

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

Sturdy Memorial Hospital Inc

211 Park Street | Attleboro, Massachusetts 02703-3137 | Telephone (617) 222-5200

October 19, 1988

William L. Roper, M.D.
Health Care Finance Administration
Health Standards and Quality Bureau
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Dr. Roper:

Sturdy Memorial Hospital, Attleboro, Massachusetts (Medicare provider number 220008) appreciates the opportunity to comment on our 1987 mortality data. Before proceeding, however, it is important to state that no statistical model can define the presence or absence of quality medical care. At best, a model can indicate areas that warrant further physician review. We will also present selected information on the Hospital as reported in our 1987 annual hospital survey submitted to the American Hospital Association (AHA).

In the preliminary data release, HCFA presented hospital characteristics taken from the 1986 AHA survey. Some of that information was incorrect. This final release presents 1987 information which we have not seen prior to its distribution. If there are discrepancies between HCFA's release and the characteristics given in these comments, please understand that our comments are correct.

Sturdy Memorial Hospital is a private, non-profit, acute care community hospital in Southeastern Massachusetts. In FY1987 we reported 176 beds, of which 135 were medical-surgical (M/S) beds, 10 were pediatric, 20 were obstetrical, and 11 were intensive care. Because of a building program which is still in progress, our bed numbers are slightly different today. Our reported M/S occupancy in FY1987 was 71.6%; overall occupancy was 70.9%. At that time there were 96 active medical staff of which 68 (70.8%) were board certified. There were 199 RNs and 58 LPNs including both full- and part-time employees. Staffing information may be presented by HCFA on a per bed basis with unclear methodology, an approach which makes no distinction between staffing needs in an ICU compared with, e.g., obstetrics. We provide no specialty services such as a burn unit, coronary care unit or organ transplants. Our proximity to both Boston and Providence offers ready access to our patient population if such specialty services are needed.

Although there were no diagnostic categories in which our actual mortality rate exceeded the range of predicted mortality rates, we looked carefully at the cases in the one category, Pulmonary Disease, that approached the upper limit of its predicted range. In one category, Renal Failure, our actual mortality rate was below the predicted range, a finding that can be entirely attributed to the very small number of cases reviewed. Statistical predictions are often badly skewed and carry little meaning if too few cases are sampled. Even in those categories with larger numbers, it is important to remember that no statistical model can define the presence or absence of quality medical care.

Before proceeding to our case review, it should be noted that HCFA's data are remarkably accurate. None of the identified errors created a substantive change in Sturdy's profile. Moreover, in no category was there an unusual number of deaths after discharge. There is a serious shortage of nursing home beds, especially Medicare certified beds, in southeastern Massachusetts, and it is not uncommon for patients to be admitted to Sturdy in the last days of their illness. Finally, we uncovered no pattern of unexpected deaths; our Medicare patient population is very old and often afflicted with multiple life-threatening conditions.

Close examination of the Pulmonary Disease category shows that 34 patients out of 101 died within 30 days of admission. One death was a Medicaid patient who should not have been included in this sample. Another was transferred to an acute care hospital and died in January, 1988; this same patient will show up next year as a death related to that hospital. Of the 34 reported deaths, 29 died in the hospital and five died after discharge (three to nursing homes, one home, and one to another hospital as mentioned above). The average age of this group was 78.2 years. There were 26 deaths which HCFA could identify as having comorbid conditions that would make a prediction of death more likely; another five patients also had HCFA-identified comorbidities that were not listed on the Medicare tape but which were coded into the patients' medical records. Although it is unfortunate, it is nevertheless true that for all 34 pulmonary deaths attributed to Sturdy, death was not an unexpected outcome. There are certainly other pulmonary patients in the 101 total for whom death would also have been likely, but whose lives were extended because of the high quality of care which we deliver.

Finally, a commitment to quality is an on-going process at Sturdy Memorial Hospital. We have a hospital-wide quality assurance system, coordinated through the Medical Director's office, which includes such areas as: medical staff performance, nursing quality assurance and risk management. Through the clinical department organization, as well as standing committees of the medical staff, quality of care is reviewed continuously. Unusual events are investigated even if death does not occur; mortality is only one area of review.

Thank you for the opportunity to comment publicly.

Sincerely,

Linda Shyavitz
President & Chief Executive Officer

LS:jo

THE CAMBRIDGE HOSPITAL

1493 CAMBRIDGE ST
CAMBRIDGE, MA 02138

Medicare Hospital Provider Number: 220011

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	798	15	11 - 17	765	14	10 - 16
Cancer	18	56	20 - 65	22	36	21 - 61
Cerebrovascular Accidents	32	19	14 - 42	24	38	13 - 51
Gastrointestinal Catastrophes	12	25	11 - 61	8	13	12 - 65
Infectious Disease	8	25	7 - 66	3	0	10 - 82
Metabolic/Electrolyte Disorders	25	20	11 - 47	29	21	10 - 45
Pulmonary Disease	85	34	19 - 41	57	19	17 - 41
Renal Failure	3	33	7 - 89	0	-	-
Severe Acute Heart Disease	37	51	24 - 56	32	59	25 - 59
Severe Chronic Heart Disease	51	24	14 - 38	41	24	14 - 42
Severe Trauma	0	-	-	2	50	2 - 92
Gastrointestinal Disease	41	5	0 - 36	38	3	0 - 26
Gynecologic Disease	5	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	89	4	1 - 13	91	3	1 - 11
Musculoskeletal/Skin Conditions	52	2	0 - 19	74	5	0 - 19
Neuropsychiatric/Sensory Disease	58	3	0 - 31	66	2	0 - 40
Urologic Disease	23	4	0 - 61	14	7	0 - 80

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	152
Occupancy Rate (%):	69
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	157
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	55
Registered Nurses:	154
Licensed Practical Nurses:	4

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

The
Cambridge
Hospital

1493 Cambridge Street, Cambridge, Massachusetts 02139 (617) 498-1000

October 24, 1988

#220011

Health Standards and Quality Bureau, HCFA
2-0-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

Upon review of the HCFA Mortality data for 1987, the Cambridge Hospital observes that they are "within the predicted mortality range" for all diagnostic categories.

The Quality Assurance Program at the Cambridge Hospital conducts ongoing review of all mortality utilizing an algorithm to evaluate the care provided. Any unanticipated death requires indepth review by a physician member of the Qualilty Assurance team. The structure allows for reviewing patterns of practice over time; therefore, if a problem is identified it would be addressed. The fact that a patient dies after discharge is not in itself an indication of the quality or outcome of care provided. Many elderly patients with a terminal condition or end stage in a disease process prefer to live out their lives at home with maximum supports or in a nursing home. These options are offered to all patients as part of the discharge planning process.

A large percent of Medicare patients are from area nursing homes representing a challenging complex patient population.

The age distribution for 1987 reflects that the majority of patients were over the age of 80, compared to the 1986 data which reflected that the majority of patients were over the age of 75. In view of this, the expectation would be a higher probability of death than in a less elderly population.

In an effort to continue to provide quality of care to patients of all ages, mortality review will continue as an internal quality assurance mechanism. It is concluded that there has been no area of concern. However it is important to stress that the predicted mortality rates do not reflect the care provided. For informational purposes, data has been shared with the clinical departments.

Thank you again for continuing to produce and share this information with hospitals.

Sincerely,

John G. O'Brien
Hospital Administrator

THE MALDEN HOSPITAL

HOSPITAL RD
MALDEN, MA 02148

Medicare Hospital Provider Number: 220092

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,295	14	11 - 16	1,441	13	11 - 16
Cancer	62	42	26 - 53	60	43	27 - 55
Cerebrovascular Accidents	41	10	18 - 38	53	21	19 - 43
Gastrointestinal Catastrophes	11	55	16 - 71	15	7	19 - 55
Infectious Disease	18	28	19 - 61	12	33	17 - 68
Metabolic/Electrolyte Disorders	22	45	6 - 51	49	14	11 - 38
Pulmonary Disease	75	27	16 - 39	73	30	13 - 36
Renal Failure	5	40	8 - 83	4	75	10 - 86
Severe Acute Heart Disease	65	38	27 - 53	76	34	30 - 53
Severe Chronic Heart Disease	77	26	17 - 38	83	29	16 - 37
Severe Trauma	2	0	4 - 89	0	-	-
Gastrointestinal Disease	72	7	1 - 19	84	1	1 - 9
Gynecologic Disease	7	0	0 -100	9	0	0 -100
Low-Risk Heart Disease	144	6	1 - 11	191	5	2 - 9
Musculoskeletal/Skin Conditions	125	2	1 - 8	149	3	1 - 9
Neuropsychiatric/Sensory Disease	47	0	1 - 12	26	4	0 - 48
Urologic Disease	44	0	0 - 17	35	6	0 - 61

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	250
Occupancy Rate (%):	58
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	154
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	15
Registered Nurses:	194
Licensed Practical Nurses:	42

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

THE NASHOBA COMMUNITY HOSP., INC.

200 GROTON AVE
AYER, MA 01432

Medicare Hospital Provider Number: 220098

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	728	12	10 - 15	822	14	11 - 17
Cancer	23	52	22 - 63	26	77	30 - 64
Cerebrovascular Accidents	21	33	11 - 51	34	15	19 - 45
Gastrointestinal Catastrophes	6	50	6 - 75	7	29	13 - 75
Infectious Disease	7	0	5 - 53	15	40	18 - 66
Metabolic/Electrolyte Disorders	15	7	8 - 45	13	31	6 - 58
Pulmonary Disease	38	29	12 - 43	44	27	19 - 47
Renal Failure	2	0	8 - 92	2	100	11 - 98
Severe Acute Heart Disease	46	39	25 - 55	42	48	27 - 57
Severe Chronic Heart Disease	35	26	13 - 43	15	13	10 - 48
Severe Trauma	0	-	-	2	0	3 - 88
Gastrointestinal Disease	43	5	0 - 25	52	0	1 - 10
Gynecologic Disease	2	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	93	2	1 - 10	106	5	1 - 12
Musculoskeletal/Skin Conditions	55	2	1 - 15	67	4	1 - 16
Neuropsychiatric/Sensory Disease	24	8	0 - 57	17	0	0 - 38
Urologic Disease	29	0	0 - 53	27	0	0 - 69

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	62
Occupancy Rate (%):	87
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	55
Percent of Physicians Who Are Board Certified Specialists:	75
Interns and Residents:	0
Registered Nurses:	81
Licensed Practical Nurses:	11

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

The Nashoba
Community Hospital
200 Groton Road
Ayer, Massachusetts
01432
(508) 772-0200

Comments on HFCA Report of 1987 Mortality Rates of Medicare Patients

HCFA statistics indicate that The Nashoba Community Hospital is well within predicted mortality rates for all 16 reported diagnostic categories. In fact, in all but three of these categories, Nashoba Hospital is well within the lower 50 percent of the reported national mortality rates.

Our Patient Care Management Department carefully reviewed the statistics as reported by HCFA and found them to be essentially accurate. We would, however, like to note that we have not been notified of the manner in which the "Hospital Characteristics" data will be published and therefore cannot verify its accuracy. We would be happy to clarifiy this information via telephone.

We would like to note further that we feel the public should clearly understand that these stastical reports are not a measure of quality of care in this or any hospital. It must be kept in mind that the variables involved, such as severity of illness and age, and the inconsistency of reporting of information nationwide, affect the accuracy of the data presented.

Quality patient care has long been the hallmark of The Nashoba Community Hospital and we remain committed to an effective quality review process that ensures a high level of care for all our patients.

J Kelly

Jeffrey R. Kelly
President/CEO

October 19, 1988

THE PROVIDENCE HOSPITAL, INC

1233 MAIN ST
HOLYOKE, MA 01040

Medicare Hospital Provider Number: 220023

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,379	11	10 - 15	1,243	12	10 - 15
Cancer	33	24	29 - 61	52	48	28 - 57
Cerebrovascular Accidents	38	24	15 - 43	39	15	14 - 39
Gastrointestinal Catastrophes	9	22	9 - 64	11	18	16 - 64
Infectious Disease	17	24	11 - 53	6	17	4 - 69
Metabolic/Electrolyte Disorders	19	32	10 - 54	31	23	9 - 43
Pulmonary Disease	107	23	18 - 37	83	31	18 - 40
Renal Failure	9	67	10 - 74	5	60	11 - 86
Severe Acute Heart Disease	58	40	27 - 53	53	26	25 - 50
Severe Chronic Heart Disease	67	16	14 - 35	52	23	13 - 38
Severe Trauma	1	100	1 - 97	3	33	1 - 87
Gastrointestinal Disease	116	2	1 - 8	78	4	0 - 15
Gynecologic Disease	20	0	0 -100	16	6	0 - 95
Low-Risk Heart Disease	127	4	1 - 10	107	7	1 - 14
Musculoskeletal/Skin Conditions	164	1	1 - 6	159	1	0 - 7
Neuropsychiatric/Sensory Disease	81	2	0 - 14	86	7	0 - 32
Urologic Disease	39	0	0 - 29	50	2	0 - 20

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	225
Occupancy Rate (%):	48
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	217
Percent of Physicians Who Are Board Certified Specialists:	79
Interns and Residents:	0
Registered Nurses:	172
Licensed Practical Nurses:	41

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

PROVIDENCE HOSPITAL

Providence Hospital
Medicare Provider # 220023

October 20, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

The Providence Hospital did not receive its copy of the HCFA Medicare Mortality Statistics in time to allow for an adequate review and response. After special request of Paul Elstein, these data were finally received by this hospital on October 20th. Since all responses need to be in your office by October 24, 1988, and HCFA could not grant us an extension, no time is given this hospital to perform in-depth evaluation. We do, however, take the opportunity to have our general comments published with the data.

1. The small size of the population of the patients in some of the 16 categories is understood, by health care professional and statistician to be insignificant. However, to report that information to the public without emphasizing its insignificance is dangerous. I refer, in particular, to the one and only Medicare patient to be admitted and die following acute trauma.

2. Corrections need to be made in the beds and occupancy rates for the Providence Hospital. More accurately:

Acute Medical/Surgical Beds	=	202
ICU/CCU and OB	=	45
Total beds in 1986	=	247
Total beds in 1987	=	247

The statistics for Providence Hospital are favorable and indicative of the high level of quality health care services delivered to the community of Holyoke, Massachusetts. Thank you.

Sincerely,

Paul Pawlak

Paul Pawlak
President

PP:p

cc: Siward Hazelton, R.N., M.S.
Director of Quality Care

1233 MAIN STREET · HOLYOKE, MASSACHUSETTS 01040 · 413/536-5111
A Member of the Providence Systems

TOBEY HOSP

43 HIGH ST
WAREHAM, MA 02571

Medicare Hospital Provider Number: 220074

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	909	11	9 - 15	916	14	11 - 16
Cancer	27	44	27 - 65	19	58	30 - 74
Cerebrovascular Accidents	34	26	12 - 43	38	32	15 - 45
Gastrointestinal Catastrophes	10	10	16 - 62	9	67	14 - 72
Infectious Disease	4	25	6 - 80	6	0	8 - 60
Metabolic/Electrolyte Disorders	17	35	11 - 57	29	14	15 - 46
Pulmonary Disease	53	17	14 - 37	49	20	13 - 39
Renal Failure	2	0	6 - 91	4	75	16 - 93
Severe Acute Heart Disease	28	39	26 - 62	35	46	25 - 58
Severe Chronic Heart Disease	55	24	12 - 36	82	23	14 - 34
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	70	4	1 - 16	65	5	0 - 19
Gynecologic Disease	8	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	105	1	1 - 7	115	3	1 - 9
Musculoskeletal/Skin Conditions	72	1	0 - 13	67	0	1 - 8
Neuropsychiatric/Sensory Disease	24	4	0 - 94	19	5	0 - 48
Urologic Disease	43	2	0 - 23	43	2	0 - 60

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	89
Occupancy Rate (%):	55
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	33
Percent of Physicians Who Are Board Certified Specialists:	79
Interns and Residents:	0
Registered Nurses:	75
Licensed Practical Nurses:	33

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

TOBEY HOSPITAL, INC.

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

RE: Medicare Mortality Data Commentary Provider #220074

Tobey Hospital is a private, non-profit, 89-bed community institution with 47 physicians on our active and provisional staff and a full complement of nurses.

The quality of care rendered at Tobey Hospital is of the utmost concern of our medical staff, the Board of Trustees, and all of our employees. While Tobey Hospital's mortality data falls within the acceptable ranges, we do not believe that mortality data is a clear measure of quality. The measurement of quality is an inexact science. Thus, on the one hand, we think it is important that health care consumers obtain information about quality levels, we do not believe that mortality data is a clear or even meaningful reflection of quality.

Mortality data can be appropriately used to guide and focus peer review, but by itself, it does not measure quality.

Our Quality Assurance and Risk Management Departments have established a variety of formal mechanisms to oversee the process of patient care with the goal of maintaining quality outcomes. At Tobey Hospital, all patient deaths (not just Medicare patients) are reviewed in depth by a physician committee. In addition to mortality reviews, the incidence of unexpected adverse outcomes is also reviewed.

Prior to discharge, all patients must be screened to insure that they are medically stable. All of these reviews are trended to determine any problem areas that may not surface on a case by case review.

Quality of care is our foremost concern at Tobey Hospital. We believe that we have established several formal mechanisms to insure quality, but we do look forward to a more concrete measurement model and further exploration in the quality of care issue.

Sincerely,

Charles S. Kinney,
President

CSK/dex

UNIV OF MASS. MEDICAL CENTER

55 LAKE AVE N
WORCESTER, MA 01605

Medicare Hospital Provider Number: 220163

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,899	12	11 - 15	1,693	15	12 - 17
Cancer	84	45	32 - 57	102	43	36 - 60
Cerebrovascular Accidents	53	25	14 - 38	38	26	16 - 45
Gastrointestinal Catastrophes	16	25	18 - 62	25	36	24 - 64
Infectious Disease	13	46	18 - 69	12	58	17 - 70
Metabolic/Electrolyte Disorders	20	15	15 - 51	19	16	14 - 52
Pulmonary Disease	78	23	16 - 38	84	23	16 - 37
Renal Failure	9	44	2 - 73	16	38	8 - 66
Severe Acute Heart Disease	112	43	27 - 48	98	41	28 - 49
Severe Chronic Heart Disease	68	18	13 - 33	56	29	18 - 43
Severe Trauma	11	55	14 - 70	7	29	5 - 70
Gastrointestinal Disease	72	6	1 - 16	56	9	0 - 32
Gynecologic Disease	15	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	380	5	3 - 8	328	8	2 - 9
Musculoskeletal/Skin Conditions	145	2	1 - 8	142	4	0 - 11
Neuropsychiatric/Sensory Disease	74	3	1 - 12	80	2	0 - 21
Urologic Disease	43	0	0 - 14	39	3	1 - 21

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	349
Occupancy Rate (%):	79
Ownership/Control:	State Government

STAFFING

Total Number of Physicians:	587
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	Yes
Hospice Care:	No

UNIVERSITY OF MASSACHUSETTS
AMHERST • BOSTON • WORCESTER

CHIEF OF STAFF
UNIVERSITY OF MASSACHUSETTS HOSPITAL
ASSOCIATE DEAN FOR CLINICAL AFFAIRS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
55 LAKE AVENUE, NORTH
WORCESTER, MASSACHUSETTS 01655
(508) 856-3089

October 24, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

The University of Massachusetts Medical Center is strongly committed to deliver the highest quality health care possible. To this end, we continually monitor our performance via a strong internal quality assurance program, and strive constantly to improve our care of our patients.

The annual nationwide hospital mortality review for Medicare patients, sponsored by the Health Care Financing Administration, provides a yearly opportunity to further reflect on the quality of care at UMMC, and we use it as such. We are pleased once again to see that our mortality statistics compare favorably with the predicted rates generated by HCFA; this is particularly gratifying since, as a tertiary care university hospital, we treat some of the most severely ill patients in our area.

We do examine carefully the information on mortality provided us by HCFA, and conduct our own internal review of cases that fall in higher-mortality categories. This review has revealed no significant quality problems at UMMC.

As a final note on behalf of all those concerned with quality health care, we must urge caution in drawing conclusions on individual hospital quality of care based on limited data such as that included in the annual HCFA Medicare mortality review. As several staffers from HCFA's own office of Research point out in a recent article in the Journal of the American Medical Association, such limited data sets are "unlikely to provide major breakthroughs in helping us to understand mortality data."

The quest for quality health care requires our continuing commitment to providing the best that medicine has to offer, while practicing constant rigorous self examination. We at UMMC share that commitment.

Sincerely,

Ganson Purcell Jr., M.D.

UNIVERSITY HOSP

75 E NEWTON ST
BOSTON, MA 02118

Medicare Hospital Provider Number: 220031

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,132	10	9 - 14	2,115	11	11 - 15
Cancer	109	39	34 - 56	125	31	34 - 55
Cerebrovascular Accidents	32	25	13 - 44	46	24	13 - 39
Gastrointestinal Catastrophes	11	45	12 - 67	15	33	15 - 63
Infectious Disease	22	36	21 - 62	17	59	10 - 57
Metabolic/Electrolyte Disorders	25	24	10 - 48	19	5	8 - 39
Pulmonary Disease	49	31	14 - 42	57	28	16 - 41
Renal Failure	13	38	5 - 67	16	31	8 - 66
Severe Acute Heart Disease	72	35	25 - 49	85	33	30 - 52
Severe Chronic Heart Disease	74	18	16 - 35	80	19	17 - 36
Severe Trauma	5	20	3 - 75	4	0	6 - 72
Gastrointestinal Disease	115	3	0 - 10	112	2	1 - 8
Gynecologic Disease	26	0	0 - 84	11	0	0 -100
Low-Risk Heart Disease	380	5	3 - 8	330	4	3 - 8
Musculoskeletal/Skin Conditions	133	2	1 - 7	141	1	1 - 7
Neuropsychiatric/Sensory Disease	166	1	1 - 6	170	3	1 - 8
Urologic Disease	89	0	0 - 12	79	0	0 - 10

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	379
Occupancy Rate (%):	78
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	658
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	73
Registered Nurses:	342
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	Yes
Hospice Care:	No

BOSTON UNIVERSITY MEDICAL CENTER
BOSTON UNIVERSITY SCHOOL OF MEDICINE SCHOOL OF PUBLIC HEALTH • THE UNIVERSITY HOSPITAL • BOSTON UNIVERSITY GOLDMAN SCHOOL OF GRADUATE DENTISTRY

The University Hospital
1855

75 East Newton Street
Boston, Massachusetts
02118-2393
617 638-

Medicare Provider
No. 220031

THE UNIVERSITY HOSPITAL
Boston, Massachusetts

COMMENTS ON HCFA'S MEDICARE INPATIENT MORTALITY STUDY

INTRODUCTION: The University Hospital of Boston, Massachusetts, appreciates this opportunity to comment on the mortality data to be released by HCFA. We share HCFA's belief that informing the public about the quality of health-care services will aid patients in making better decisions about where to seek health care; and we believe that, over time, patients will seek out reliable, verifiable measures of quality and make health-care decisions on the basis of these measures.

To the extent that one might believe HCFA's methodology, the results of the current study would seem to confirm the high quality of patient care given at University Hospital. However, despite this, we believe the study itself to be seriously flawed and therefore not credible.

THE HOSPITAL: The University Hospital is a 379-bed* tertiary referral hospital, providing acute adult medical, surgical and psychiatric care. The Hospital offers a broad range of specialty services (excluding Obstetrics, Pediatrics and Neonatal Care), with special emphasis on Cardiovascular Care, Neurological Trauma and Disorders, and Geriatrics Care. These areas of emphasis generate tertiary patient referrals from a broad geographical area, including Eastern Massachusetts, New England and many countries around the world.

As a tertiary referral center, the University Hospital treats patients of unusually high complexity and illness severity. These patients include those whose care cannot be provided in a community hospital, either because of the need for procedures or equipment available only at a tertiary referral center, or because the patients' complications make them too ill for treatment in the community setting. This high level of patient illness complexity and severity must be kept in mind when one looks at mortality rate data for tertiary referral hospitals such as University Hosptial.

THE STUDY'S METHODOLOGY: Despite our agreement with the goals of HCFA's study, University Hospital believes the methodology used is severely flawed, and that the results are not meaningful. We will not attempt here to lay out all of the methodological difficulties, but instead highlight those of greatest concern.

---

*Note: the preliminary report inaccurately states that the University Hospital's bed complement is 326.

1. The quality of care cannot be equated with mortality rates: It is a serious mistake to equate quality of care with mortality rates. A severely ill patient who dies was not necessarily poorly treated; conversely, a patient who is poorly treated will not necessarily die of that treatment. This distinction is illustrated by the review of the Massachusetts Professional Review Organization (MassPRO) of several of University Hospital's patients listed by HCFA as 1986 "Infectious Disease" mortalities. Despite the death of these patients, MassPRO review of the patients' records found no problem with the quality of care they received.

2. The HCFA methodology may "credit" the wrong institution for a patient's death: The inaccuracy of the HCFA methodology is further exacerbated by the way in which it "credits" a death to the last hospital treating a patient. Hence, if a patient's condition seriously declines at one hospital, and that patient is then transferred to a referral facility for heroic measures, the first hospital escapes notice, while the referral facility is recorded as accountable for the patient's death.

3. The HCFA methodology attributes death to a hospital even if the cause of death is unrelated to the hospital care: Another serious flaw in the HCFA methodology is that it "credits" a death to a hospital whether or not the cause of death was related to a hospital treatment--or even to the underlying illness. As a result, the hospital would be held accountable even for the death of a totally cured patient who is killed in a traffic accident on his way home from the hospital!

4. HCFA's methodology makes no distinction between patients who die because of low quality care and those who are dying when admitted: Tertiary referral hospitals frequently receive transferred patients whose illness is so advanced that the chances of recovery are small, and for whom treatment offers little hope. When such a patient dies, it is usually not a reflection on the quality of care, but rather on the severity of illness. The HCFA methodology ignores this reality and thus fails to distinguish these terminally ill patients from those who might be--and are not--cured.

5. The HCFA methodology recognizes only a limited number of factors as affecting projected mortality rates: By adjusting mortality rate projections to reflect complicating health factors, HCFA explicitly recognizes the need to factor illness complexity into its study. Unfortunately, the list of factors used by HCFA is far from comprehensive; this results in an understated measure of the complexity of patient illness and unrealistically low mortality rate projections.

6. The sample sizes used in HCFA's study are frequently too small to be statistically significant: Because of the "screens" used by HCFA in selecting the patient population, many diagnostic categories contain too few patients to be considered statistically significant. Certainly, any category containing fewer than 15 patients should be considered too small for meaningful results.

7. The HCFA methodology results in predicted mortality ranges which are too broad to be meaningful: Many of the HCFA's Predicted Mortality Ranges are so large as to be completely meaningless in measuring hospital performance. In one example, HCFA's prediction of 0% to 100% mortality for Gynecologic Disease patients in 1986 is certainly accurate, but utterly devoid of meaning.

WALTHAM HOSP

HOPE AVE
WALTHAM, MA 02154

Medicare Hospital Provider Number: 220076

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,883	10	11 - 15	1,832	10	11 - 15
Cancer	52	38	28 - 57	67	39	29 - 56
Cerebrovascular Accidents	86	23	18 - 37	67	22	17 - 39
Gastrointestinal Catastrophes	17	53	16 - 63	12	33	11 - 63
Infectious Disease	23	39	19 - 60	25	24	21 - 57
Metabolic/Electrolyte Disorders	42	10	10 - 36	46	24	13 - 43
Pulmonary Disease	88	24	18 - 39	106	25	24 - 43
Renal Failure	7	29	18 - 85	2	0	6 - 91
Severe Acute Heart Disease	77	40	34 - 57	83	42	30 - 53
Severe Chronic Heart Disease	114	16	16 - 31	79	18	16 - 34
Severe Trauma	2	0	4 - 88	4	50	3 - 82
Gastrointestinal Disease	134	3	1 - 9	148	1	2 - 7
Gynecologic Disease	14	0	0 -100	26	0	0 - 97
Low-Risk Heart Disease	190	4	2 - 9	179	1	2 - 7
Musculoskeletal/Skin Conditions	189	4	2 - 9	201	3	2 - 8
Neuropsychiatric/Sensory Disease	77	3	0 - 14	68	6	0 - 21
Urologic Disease	81	2	0 - 16	64	2	0 - 20

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 305
Occupancy Rate (%): 57
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 144
Percent of Physicians Who Are Board Certified Specialists: 72
Interns and Residents: 14
Registered Nurses: 176
Licensed Practical Nurses: 25

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

WHIDDEN MEMORIAL HOSPITAL

103 GARLAND STREET
EVERETT, MA 02149

Medicare Hospital Provider Number: 220042

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,636	12	11 - 16	1,683	11	12 - 16
Cancer	45	49	30 - 61	54	50	35 - 65
Cerebrovascular Accidents	66	17	17 - 37	47	32	17 - 45
Gastrointestinal Catastrophes	13	38	17 - 68	16	31	12 - 58
Infectious Disease	26	27	14 - 51	21	29	20 - 61
Metabolic/Electrolyte Disorders	53	30	13 - 43	63	11	12 - 35
Pulmonary Disease	109	18	17 - 35	119	18	19 - 36
Renal Failure	5	0	10 - 73	4	0	10 - 78
Severe Acute Heart Disease	76	39	28 - 51	94	33	30 - 51
Severe Chronic Heart Disease	84	20	16 - 35	113	13	17 - 32
Severe Trauma	1	0	1 - 97	2	0	4 - 89
Gastrointestinal Disease	108	6	1 - 13	123	3	1 - 10
Gynecologic Disease	5	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	202	3	2 - 8	235	3	2 - 7
Musculoskeletal/Skin Conditions	193	3	1 - 7	153	1	1 - 6
Neuropsychiatric/Sensory Disease	47	2	0 - 19	52	2	1 - 14
Urologic Disease	34	3	0 - 49	38	5	0 - 78

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 173
Occupancy Rate (%): 73
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 141
Percent of Physicians Who Are Board Certified Specialists: 62
Interns and Residents: 0
Registered Nurses: 91
Licensed Practical Nurses: 18

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

WINCHESTER HOSPITAL

41 HIGHLAND AVE
WINCHESTER, MA 01890

Medicare Hospital Provider Number: 220105

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,547	11	11 - 15	1,634	10	11 - 16
Cancer	59	39	27 - 55	80	40	34 - 60
Cerebrovascular Accidents	47	21	18 - 42	66	30	18 - 42
Gastrointestinal Catastrophes	13	46	17 - 69	12	25	19 - 69
Infectious Disease	16	31	17 - 63	16	19	18 - 60
Metabolic/Electrolyte Disorders	25	28	13 - 51	30	13	11 - 42
Pulmonary Disease	65	26	19 - 42	59	32	18 - 44
Renal Failure	2	100	11 - 97	4	25	14 - 90
Severe Acute Heart Disease	76	33	29 - 52	69	35	28 - 52
Severe Chronic Heart Disease	69	20	14 - 35	46	26	17 - 44
Severe Trauma	2	50	4 - 93	0	-	-
Gastrointestinal Disease	166	2	2 - 8	139	4	1 - 10
Gynecologic Disease	19	0	0 -100	26	0	0 -100
Low-Risk Heart Disease	150	3	2 - 8	191	3	2 - 8
Musculoskeletal/Skin Conditions	149	1	1 - 6	174	2	1 - 7
Neuropsychiatric/Sensory Disease	55	5	1 - 21	64	2	0 - 15
Urologic Disease	42	2	0 - 36	52	4	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	154
Occupancy Rate (%):	56
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	100
Percent of Physicians Who Are Board Certified Specialists:	83
Interns and Residents:	0
Registered Nurses:	149
Licensed Practical Nurses:	56

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WING MEMORIAL HOSP

WRIGHT ST
PALMER, MA 01069

Medicare Hospital Provider Number: 220030

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	619	10	9 - 15	624	9	8 - 14
Cancer	15	67	19 - 66	21	43	25 - 67
Cerebrovascular Accidents	31	16	16 - 44	17	18	10 - 49
Gastrointestinal Catastrophes	4	50	5 - 83	2	0	4 - 89
Infectious Disease	10	20	8 - 60	5	80	12 - 79
Metabolic/Electrolyte Disorders	7	29	7 - 70	8	13	8 - 62
Pulmonary Disease	40	25	14 - 43	22	23	10 - 47
Renal Failure	2	100	10 - 96	1	100	1 - 97
Severe Acute Heart Disease	22	36	22 - 61	23	39	24 - 63
Severe Chronic Heart Disease	30	10	14 - 39	32	16	14 - 41
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	54	0	1 - 11	77	1	1 - 10
Gynecologic Disease	6	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	69	1	1 - 11	83	2	1 - 11
Musculoskeletal/Skin Conditions	50	2	0 - 20	70	0	1 - 8
Neuropsychiatric/Sensory Disease	38	3	0 - 25	53	4	0 - 35
Urologic Disease	21	0	0 - 96	23	0	0 - 46

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	80
Occupancy Rate (%):	54
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	28
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	68
Licensed Practical Nurses:	10

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Wing Memorial Hospital
& Medical Centers

October 12, 1988

Health Standards & Quality Bureau, HCFA
Atten: Sandra Kappert
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Ms. Kappert,

This letter is in response to HCFA's mortality information on Medicare patients treated in acute hospitals during 1987. On review of the material provided us, we noted two areas in which our actual mortality rate exceeded the range for predicted mortality. The two areas were those of cancer cases and renal failure.

I would like to point out that in 1987, the Hospice Program affiliated with the Hospital under the Quaboag Valley Visiting Nurses Assoc., was accredited for Medicare patients. In addition, we have a very large outpatient oncology service which makes care accessible to patients in our area. In view of the outpatient services and the approved Hospice Program, we feel that the mortality rate of 67% (predicted range 19% to 66%) is not an unreasonable rate.

On review of the patients treated for renal failure, we first note that the low volume of cases seen at Wing Memorial Hospital and Medical Centers (2) gives false validity to the mortality rate as calculated. There were only two cases of renal failure, one of which was an elderly patient who had extensive cancer of the colon with wide spread metastasis. It is not surprising that she ultimately succumbed to renal failure.

Finally, I would also like to point out under the Hospital Characteristics Section we do have a Coronary Unit and a Hospice Program approved by Medicare. I feel that it is important to note these things as these might reflect upon the mortality rates previously mentioned.

Sincerely,

Richard H. Scheffer

Richard Scheffer
President

Wright Street Palmer, Massachusetts 01069 Telephone 413/283-7651

WINTHROP COMMUNITY HOSP

40 LINCOLN ST
WINTHROP, MA 02152

Medicare Hospital Provider Number: 220097

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	719	17	13 - 19	819	15	11 - 17
Cancer	16	50	23 - 70	21	67	27 - 68
Cerebrovascular Accidents	25	20	15 - 48	21	29	13 - 51
Gastrointestinal Catastrophes	5	20	8 - 76	7	43	14 - 78
Infectious Disease	5	60	5 - 78	1	100	2 - 97
Metabolic/Electrolyte Disorders	30	23	12 - 47	35	40	10 - 47
Pulmonary Disease	75	40	18 - 42	60	35	16 - 42
Renal Failure	3	67	9 - 92	7	57	11 - 80
Severe Acute Heart Disease	57	39	27 - 54	36	33	26 - 57
Severe Chronic Heart Disease	45	22	15 - 41	47	38	13 - 42
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	37	3	0 - 24	51	4	0 - 21
Gynecologic Disease	8	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	81	4	1 - 13	72	0	1 - 8
Musculoskeletal/Skin Conditions	65	2	1 - 12	100	0	1 - 6
Neuropsychiatric/Sensory Disease	15	0	0 - 55	27	7	0 - 49
Urologic Disease	17	0	0 - 79	22	5	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	110
Occupancy Rate (%):	77
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	87
Percent of Physicians Who Are Board Certified Specialists:	47
Interns and Residents:	0
Registered Nurses:	31
Licensed Practical Nurses:	31

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WORCESTER CITY HOSP

26 QUEEN ST
WORCESTER, MA 01610

Medicare Hospital Provider Number: 220115

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,154	14	12 - 17	1,287	13	11 - 16
Cancer	44	34	25 - 56	37	38	24 - 57
Cerebrovascular Accidents	30	30	14 - 47	16	56	13 - 59
Gastrointestinal Catastrophes	11	45	12 - 67	6	33	10 - 77
Infectious Disease	9	44	11 - 70	20	30	18 - 60
Metabolic/Electrolyte Disorders	31	16	10 - 42	29	31	12 - 50
Pulmonary Disease	102	26	20 - 40	114	18	18 - 36
Renal Failure	8	38	16 - 82	4	25	12 - 88
Severe Acute Heart Disease	49	41	25 - 54	52	56	26 - 54
Severe Chronic Heart Disease	53	23	16 - 40	55	11	16 - 35
Severe Trauma	9	56	4 - 67	3	0	5 - 80
Gastrointestinal Disease	60	3	0 - 17	82	2	1 - 11
Gynecologic Disease	4	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	127	4	1 - 10	116	8	1 - 14
Musculoskeletal/Skin Conditions	123	1	1 - 7	128	1	1 - 6
Neuropsychiatric/Sensory Disease	25	4	0 - 59	28	4	0 - 60
Urologic Disease	28	0	0 - 34	29	3	0 - 71

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	270
Occupancy Rate (%):	39
Ownership/Control:	Local Government

STAFFING

Total Number of Physicians:	122
Percent of Physicians Who Are Board Certified Specialists:	57
Interns and Residents:	29
Registered Nurses:	123
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	Yes
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WORCESTER CITY HOSPITAL
A Major Affiliated Teaching Hospital of The University of Massachusetts Medical School
26 QUEEN STREET
WORCESTER, MA 01610-2490
617-799-8016

October 21, 1988 Medicare Provider #220115

Health care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

ATTENTION: Sandra Kappert

Dear Ms. Kappert:

Enclosed please find comments related to Worcester City Hospital discharges that will be included in the Medicare Mortality data to be published by the Health Care Financing Administration in December 1988. As requested, comments have been limited to two(2) pages and are reflective of the opinions of the Management and Medical Staff of Worcester City Hospital.

Thank you for the opportunity to submit comments on this data and we look forward to their inclusion in the final publication.

Sincerely,

Roger P. Winn
Administrator

RPW:is

Enclosure

An Affiliate of HCA Hospital Corporation of America

Explanatory Letter to HCFA

The mortality rates as provided by HCFA invite a comparison be made between this hospital's rates and HCFA's predicted ranges. They also invite comparison between the rates for this hospital and those of other institutions. A fair comparison of this nature requires that each specified clinical category in which rates are provided be consistent in the types of patients. In other words, patients included within each clinical category shall have the same kind of medical problems and the same degree of severity of illness. Similar patients receiving appropriate care should then be expected to have similar mortality rates. We have reviewed the HCFA information and the patients included within several of the categories provided by HCFA. This review indicates there still are problems with consistency within these clinical categories. Instead of a homogeneous population of patients, this review has demonstrated marked heterogeneity, particularly regarding severity of illness. The grouping of patients to achieve these mortality rates appears to lack a significant severity measure adjustment which enable a fair comparison and make possible worthwhile conclusions.

The information provided by HCFA may have potential value as a screening tool or as a starting point for further investigation. We at Worcester City Hospital have utilized the information in this manner to investigate those categories in which our mortality rates were at the higher range for predicted mortality. Information regarding our findings are included within this letter. At the same time the Medicare hospital mortality information does not and cannot as it is currently formulated indicate significant problems with quality of care or with outcome of care within any hospital. We would caution use of this kind of information as a determinant for evaluating the quality of care within any given institution.

Comments regarding specific categories:

Severe Trauma

In this category there were nine patients, five of whom died, producing a mortality rate of 56%. A review of these five patients reveals that:

a. Five of the patients presented with catastrophic presentations including two patients who arrested outside the hospital and required intubation and support in the field, and one patient with greater than 80% burns.
b. Four of the patients were categorized as " Do Not Resuscitate", mandating no aggressive response to worsening clinical conditions.
c. Three of the patients had significant underlying complications prior to their presentation with trauma.

This information indicates that the severity of illness of those patients presenting with trauma to this hospital may account for the 56% mortality rate which is at the higher end of the predicted mortality range.

Severe Acute Heart Disease

There were 49 cases of patients in this group, 20 of whom expired, resulting in a mortality rate of 41%. The wide range for predicted mortality (from 25 to 54%) indicates the potential heterogeneity of this population of patients. Examination of records of the 20 patients who died in this hospital in fact reveals a heterogeneous population. Specifically:

a. Eight patients had catastrophic presentations to the hospital including ruptured aneurysms, cardiac arrests at home, and cardiogenic shock in the emergency room setting.
b. Seven patients were listed as " Do Not Resuscitate ". In this regard no measures were undertaken to reverse significant clinical deterioration.

Infectious Disease

There were nine patients within this category, four of whom died, producing a mortality rate of 44%. Review of these records reveals that two of these patients had severe underlying debilitating disease processes including Alzheimers disease and severe mental retardation. All four patients were categorized as " Do Not Resuscitate ", mandating no aggressive therapy for worsening conditions. It is clear that the mortality rate of 44% does not indicate any problems with management of infectious disease within this clinical category but is representative of a patient population with significant underlying disease.

Gastrointestinal Catastrophies

There were eleven patients, five of whom died, producing a mortality rate of 45%. A review of the charts of the deceased patients reveal the following issues.

a. Four patients presented with multiple complications and significant underlying chronic disease processes.
b. Four of the patients were listed as " Do Not Resuscitate " , mandating no aggressive response to deteriorating clinical conditions.
c. Two of the patients were of an advanced age, greater than 90 years of age.
d. Two of the patients made catastrophic presentations indicating that their chance of survival would have been extremely guarded at the outset.

The 45% mortality rate in this category can very well be accounted for by the severity of illness of these patients as indicated by their complicated conditions, catastrophic presentations, and advanced age.

WORCESTER HAHNEMANN HOSPITAL CORP.

281 LINCOLN ST
WORCESTER, MA 01605

Medicare Hospital Provider Number: 220057

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,419	12	10 - 15	1,495	10	9 - 14
Cancer	45	31	26 - 56	47	34	27 - 56
Cerebrovascular Accidents	27	11	14 - 40	34	24	16 - 46
Gastrointestinal Catastrophes	8	63	10 - 71	11	36	16 - 70
Infectious Disease	15	40	12 - 61	8	38	10 - 71
Metabolic/Electrolyte Disorders	41	27	11 - 43	34	26	9 - 43
Pulmonary Disease	98	27	17 - 37	82	26	17 - 39
Renal Failure	9	33	14 - 78	6	50	15 - 87
Severe Acute Heart Disease	64	42	29 - 55	40	40	27 - 58
Severe Chronic Heart Disease	82	16	15 - 32	63	22	17 - 39
Severe Trauma	3	0	4 - 79	0	-	-
Gastrointestinal Disease	68	3	1 - 14	127	2	1 - 8
Gynecologic Disease	23	0	0 -100	14	7	0 -100
Low-Risk Heart Disease	106	4	1 - 11	122	2	1 - 9
Musculoskeletal/Skin Conditions	168	2	1 - 7	163	1	1 - 6
Neuropsychiatric/Sensory Disease	32	0	0 - 20	51	2	0 - 24
Urologic Disease	60	2	0 - 17	82	1	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	211
Occupancy Rate (%):	52
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	100
Percent of Physicians Who Are Board Certified Specialists:	74
Interns and Residents:	0
Registered Nurses:	145
Licensed Practical Nurses:	39

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WORCESTER HAHNEMANN HOSPITAL INC.
281 LINCOLN STREET • WORCESTER, MASSACHUSETTS 01605 • (508) 792-8000

Paul R. Barrette
President

October 18, 1988

William L. Roper, M.D.
Administrator
Health Care Financing Administration
Department of Health & Human Services
Washington, D.C. 21201

RE: HCFA Mortality Data
Worcester Hahnemann Hospital
Provider No. 220057

Dear Dr. Roper:

Worcester Hahnemann Hospital is in receipt of the HCFA Mortality Report prepared for selected Medicare patients admitted to this hospital during calendar year 1987. The data has been carefully reviewed to verify the admission and discharge status of the cases highlighted.

Several errors have been noted; the corrections are detailed on a separate page. The adjusted data indicates that of the 1418 Medicare patients whose last admission was in 1987, there were a total of 163 deaths; 138 deaths occurred during the patient's hospitalization with the remaining 25 deaths occurring post discharge. The resultant figure establishes an 11.5% actual overall mortality rate for the hospital which is within the range of the predicted mortality rate identified by HCFA for a comparable patient mix. In addition, the Worcester Hahnemann Hospital mortality rate for each of the diagnostic categories reviewed is also within the predicted range of mortality rates. Worcester Hahnemann Hospital is obviously pleased with these results which we believe to reflect the hospital's commitment to the highest standards of care.

In a departure from last year's reporting method to the public, you indicated that the mortality rates for both 1986 and 1987 will be published. Based on a review of the data for both years, we note that the actual mortality rate has remained relatively constant both for the overall rate and the rate for the individual categories. In addition, you will also be listing certain hospital characteristics extracted from the AHA Annual Survey. While this should provide the reader with further information about the hospital, we believe that this will be of limited value unless these data elements are more fully explained. For example, the number of beds listed identifies only the licensed med/surg capacity not the total licensed bed count. The reader would establish an erroneous image of the hospital unless such details are clarified.

Quality health care is a primary focus at Worcester Hahnemann Hospital. An essential facet is the development of the hospital's QA, UR, and Peer Review programs. The goal of these programs is to assure optimal patient care by establishing on-going monitoring and evaluation mechanisms designed to identify and resolve problems in patient care and clinical performance. These programs also enable us to assess future patient needs and establish services to meet these needs. We recognize that consumers of health care should be aware of the quality of care provided by an institution; however, quality is not an easily quantifiable element. Therefore, while the mortality data is a potential quantifier, this should still be viewed as only one type of element contributing to quality care.

We appreciate the opportunity to review and comment on this data.

Respectfully,

Paul Barrette

Paul R. Barrette
President

WORCESTER MEMORIAL HOSP.,INC.

119 BELMONT ST
WORCESTER, MA 01605

Medicare Hospital Provider Number: 220026

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,702	11	12 - 16	2,672	13	13 - 17
Cancer	126	46	34 - 56	142	39	35 - 56
Cerebrovascular Accidents	96	21	20 - 38	78	23	20 - 41
Gastrointestinal Catastrophes	25	28	15 - 54	35	26	21 - 55
Infectious Disease	58	24	22 - 48	49	41	20 - 52
Metabolic/Electrolyte Disorders	53	19	12 - 40	43	14	11 - 39
Pulmonary Disease	199	25	22 - 38	206	26	21 - 38
Renal Failure	20	20	13 - 64	22	18	17 - 68
Severe Acute Heart Disease	97	26	31 - 51	105	33	31 - 52
Severe Chronic Heart Disease	141	19	20 - 34	135	21	20 - 36
Severe Trauma	2	0	6 - 90	4	50	3 - 82
Gastrointestinal Disease	165	2	1 - 8	146	6	1 - 11
Gynecologic Disease	29	0	0 -100	20	0	0 -100
Low-Risk Heart Disease	309	2	2 - 6	315	3	2 - 7
Musculoskeletal/Skin Conditions	231	3	1 - 7	244	4	1 - 8
Neuropsychiatric/Sensory Disease	95	0	1 - 7	116	1	0 - 9
Urologic Disease	102	1	1 - 8	91	2	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	336
Occupancy Rate (%):	86
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	223
Percent of Physicians Who Are Board Certified Specialists:	76
Interns and Residents:	38
Registered Nurses:	388
Licensed Practical Nurses:	46

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

Worcester Memorial Hospital
119 Belmont Street · Worcester, Massachusetts 01605
(617) 793-6611

October 21, 1988

William F. Roper, M.D.
Administrator
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland, 21207

Re: Medicare Hospital Mortality Information (1987)
Worcester Memorial Hospital
Hospital ID: 220026

Dear Dr. Roper,

Thank you for the opportunity to comment on the Medicare Hospital Mortality Data. Worcester Memorial Hospital is responding in order to correct one error and to issue a statement to be published with the data (enclosed).

The category with one error is Cancer. Upon careful medical record review by nurse screening personnel and second intense review by an Oncologist, it was found that the date of the last admission for case medical record number [redacted] was in error. The correct admission date is 8/2/87. Additionally, our review found that the patient expired for reasons other than the diagnostic categories listed under Cancer. For that reason, the actual mortality rate for Cancer at our insitution drops from 46% to 45%. Please note the admitting date error and correct Worcester Memorial Hospital's actual mortality rate percent to 45% for the diagnostic category of Cancer.

Please do not hesitate to contact me if you require further information.

Sincerely,

Harry G. Dorman, III
President/CEO

Worcester Memorial Hospital
119 Belmont Street · Worcester, Massachusetts 01605
(617) 793-6611

Hospital ID: 220026

Worcester Memorial Hospital Comments

Medicare Hospital Mortality Information (1987)

Worcester Memorial Hospital welcomes this opportunity to comment on the data collected by HCFA in order to provide supplemental information and clarification which may aid the public in interpreting hospital mortality data.

HCFA data are not intended to measure hospital "performance", but are helpful to hospitals as one of many tools for ongoing evaluation of patient care.

Such evaluation is an important part of Worcester Memorial Hospital's systematic and vigorous Quality Assurance Program which monitors and assesses the quality of patient care in the hospital.

Data presented by HCFA indicate that mortality rates are below the range for predicted mortality in three high risk diagnostic categories, extremely low in six high risk categories, and moderately low in one high risk category, Cancer. Also, HCFA data indicate that mortality rates are either extremely low or below the range for predicted mortality in all low risk categories. The actual mortality rate for all causes of death at Worcester Memorial Hospital is below the range for predicted mortality.

In the high risk diagnostic category of Cancer, HCFA data puts the actual mortality rate at Worcester Memorial Hospital at 45 percent in a range of predicted mortality of 34 percent to 56 percent. This percentage represents essentially the same number of deaths as the prior year, but the hospital's case load is less. The presence of a Comprehensive Care Team at Worcester Memorial Hospital allows for a significant number of patients to be cared for in outpatient settings, therefore only the most severely ill patients are admitted to the hospital. Each death in our data has been carefully reviewed by Oncologists and none were found to be treatment related. All of the deaths occurred in patients with documented metastatic lesions, and in all cases death was expected by physicians and families alike.

The overall profile for this diagnostic category is one of terminally ill, elderly patients with diffuse metastic cancer with serious comorbidities, where death was expected to occur. Such severity of illness is not accounted for in HCFA's mortality data.

We at Worcester Memorial Hospital are proud of the quality of care rendered to our patients and work diligently to see that the hospital's Quality Assurance program ensures optimal patient care now and in the future.

ALICE PECK DAY MEMORIAL HOSPITAL

125 MASCOMA STREET
LEBANON, NH 03766

Medicare Hospital Provider Number: 300016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	162	17	6 - 19	145	8	6 - 16
Cancer	4	50	6 - 83	5	40	7 - 79
Cerebrovascular Accidents	4	25	6 - 80	5	40	4 - 77
Gastrointestinal Catastrophes	2	100	4 - 89	1	100	1 - 97
Infectious Disease	1	100	1 - 97	2	50	1 - 94
Metabolic/Electrolyte Disorders	2	50	0 - 94	2	0	2 - 88
Pulmonary Disease	13	31	5 - 56	15	7	10 - 44
Renal Failure	1	0	3 - 98	0	-	-
Severe Acute Heart Disease	2	0	8 - 91	1	100	3 - 98
Severe Chronic Heart Disease	10	30	6 - 61	4	0	6 - 70
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	10	10	0 - 67	9	0	0 -100
Gynecologic Disease	3	0	0 -100	0	-	-
Low-Risk Heart Disease	8	13	0 - 99	3	33	0 -100
Musculoskeletal/Skin Conditions	25	0	0 - 48	20	5	0 - 69
Neuropsychiatric/Sensory Disease	18	0	0 - 89	20	0	0 - 81
Urologic Disease	3	0	0 - 87	3	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	78
Occupancy Rate (%):	73
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	35
Percent of Physicians Who Are Board Certified Specialists:	69
Interns and Residents:	0
Registered Nurses:	32
Licensed Practical Nurses:	12

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ANDROSCOGGIN VALLEY HOSPITAL

PAGE HILL RD
BERLIN, NH 03570

Medicare Hospital Provider Number: 300022

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	645	11	10 - 16	675	9	10 - 15
Cancer	14	64	25 - 73	17	65	26 - 71
Cerebrovascular Accidents	16	31	10 - 55	17	41	10 - 56
Gastrointestinal Catastrophes	4	50	2 - 83	6	33	10 - 76
Infectious Disease	5	40	8 - 79	13	23	16 - 63
Metabolic/Electrolyte Disorders	11	0	12 - 47	7	29	3 - 70
Pulmonary Disease	46	20	20 - 45	43	21	15 - 42
Renal Failure	4	75	18 - 96	2	0	10 - 95
Severe Acute Heart Disease	22	36	23 - 63	24	21	22 - 55
Severe Chronic Heart Disease	44	18	17 - 41	39	21	14 - 41
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	38	3	1 - 19	44	0	1 - 13
Gynecologic Disease	6	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	70	3	1 - 13	76	3	1 - 12
Musculoskeletal/Skin Conditions	73	4	1 - 16	76	0	1 - 7
Neuropsychiatric/Sensory Disease	30	3	0 - 40	42	2	0 - 27
Urologic Disease	27	0	0 - 68	10	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 92
Occupancy Rate (%): 50
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 26
Percent of Physicians Who Are Board Certified Specialists: 65
Interns and Residents: 0
Registered Nurses: 57
Licensed Practical Nurses: 19

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: No
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

CATHOLIC MEDICAL CENTER

337 NOTRE DAME AVE
MANCHESTER, NH 03102

Medicare Hospital Provider Number: 300034

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,210	10	9 - 13	2,200	11	10 - 14
Cancer	61	46	31 - 59	80	44	34 - 60
Cerebrovascular Accidents	71	27	17 - 39	68	18	19 - 39
Gastrointestinal Catastrophes	31	45	20 - 58	24	21	20 - 57
Infectious Disease	16	25	17 - 61	17	24	9 - 53
Metabolic/Electrolyte Disorders	23	22	11 - 49	15	27	3 - 54
Pulmonary Disease	67	9	15 - 33	80	25	14 - 36
Renal Failure	3	33	3 - 87	11	73	23 - 83
Severe Acute Heart Disease	87	39	27 - 50	127	39	29 - 49
Severe Chronic Heart Disease	100	28	15 - 34	90	29	16 - 36
Severe Trauma	6	17	9 - 72	6	33	7 - 75
Gastrointestinal Disease	176	4	1 - 9	234	2	1 - 6
Gynecologic Disease	32	0	0 -100	33	0	0 - 46
Low-Risk Heart Disease	423	4	3 - 7	338	4	2 - 7
Musculoskeletal/Skin Conditions	180	3	1 - 8	182	1	1 - 6
Neuropsychiatric/Sensory Disease	114	0	1 - 6	132	0	0 - 7
Urologic Disease	65	0	0 - 11	54	0	0 - 13

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	266
Occupancy Rate (%):	73
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	129
Percent of Physicians Who Are Board Certified Specialists:	75
Interns and Residents:	0
Registered Nurses:	318
Licensed Practical Nurses:	34

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CHESHIRE MEDICAL CENTER

580 COURT STREET
KEENE, NH 03431

Medicare Hospital Provider Number: 300019

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,390	10	9 - 14	1,425	10	9 - 14
Cancer	44	59	30 - 61	57	49	25 - 53
Cerebrovascular Accidents	55	22	18 - 41	54	24	17 - 41
Gastrointestinal Catastrophes	9	33	12 - 70	13	46	15 - 67
Infectious Disease	14	14	21 - 62	19	21	16 - 56
Metabolic/Electrolyte Disorders	16	6	8 - 44	19	26	4 - 50
Pulmonary Disease	78	17	16 - 36	100	16	15 - 33
Renal Failure	6	67	12 - 82	5	80	13 - 84
Severe Acute Heart Disease	55	40	24 - 51	59	31	25 - 50
Severe Chronic Heart Disease	56	29	14 - 39	77	25	15 - 36
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	93	1	1 - 9	113	2	1 - 8
Gynecologic Disease	15	0	0 -100	17	0	0 -100
Low-Risk Heart Disease	123	2	1 - 9	147	1	1 - 6
Musculoskeletal/Skin Conditions	171	2	1 - 7	149	3	0 - 10
Neuropsychiatric/Sensory Disease	44	0	0 - 16	49	0	0 - 15
Urologic Disease	54	0	0 - 29	47	2	0 - 85

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 173
Occupancy Rate (%): 67
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 70
Percent of Physicians Who Are Board Certified Specialists: 79
Interns and Residents: 0
Registered Nurses: 166
Licensed Practical Nurses: 21

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

The Cheshire Medical Center
Cheshire Hospital
580 Court St., Keene, New Hampshire 03431. Tel. (603) 352-4111

Robert J. Langlais
President / CEO

October 17, 1988 Medicare Provider Number: 300019

Mrs. Sandra Kappert
Health Standards & Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

The hospital characteristics you plan to publish about The Cheshire Medical Center are inaccurate. A review of the information we submitted to the American Hospital Association, as well as a review of the actual survey verify that the information HCFA picked up is inaccurate.

The correct information for 1987 is as follows:

Beds (Number):	173
Occupancy Rate (%)	67
Ownership/Control: Private, Non-Profit	
Staffing:	
Total Number of Physicians:	70
Percent of Physicians who are Board Certified Specialists:	79
Interns and Residents Per Bed	0
Registered Nurses Per Bed:	1.28
Licensed Practical Nurses Per Bed:	.16
Specialty Services:	
Shock/Trauma or Burn Unit:	Yes
Coronary Care Unit:	Yes
Organ Transplant Service:	No
Hospice Care:	No

If you have any questions about this information please do not hesitate to contact me.

Sincerely,

Sylvia M. McBeth

Sylvia M. McBeth
Director of Marketing &
Community Relations

cc: Robert Langlais, President/CEO

/kd

CONCORD HOSPITAL

250 PLEASANT ST
CONCORD, NH 03301

Medicare Hospital Provider Number: 300001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,222	12	10 - 15	2,388	12	11 - 15
Cancer	78	42	29 - 55	105	49	34 - 58
Cerebrovascular Accidents	108	14	19 - 35	99	23	17 - 36
Gastrointestinal Catastrophes	24	29	18 - 57	18	50	15 - 61
Infectious Disease	19	53	19 - 63	10	70	16 - 71
Metabolic/Electrolyte Disorders	19	16	4 - 45	20	15	6 - 44
Pulmonary Disease	99	17	16 - 34	103	19	15 - 34
Renal Failure	35	29	20 - 68	40	35	17 - 67
Severe Acute Heart Disease	96	45	31 - 53	137	34	32 - 50
Severe Chronic Heart Disease	100	23	16 - 34	104	20	16 - 33
Severe Trauma	6	0	9 - 61	8	25	4 - 67
Gastrointestinal Disease	139	3	1 - 9	162	3	1 - 8
Gynecologic Disease	28	0	0 -100	27	0	0 -100
Low-Risk Heart Disease	229	1	2 - 6	237	2	2 - 6
Musculoskeletal/Skin Conditions	241	2	1 - 6	269	4	1 - 7
Neuropsychiatric/Sensory Disease	131	1	1 - 7	156	0	1 - 5
Urologic Disease	76	1	0 - 14	92	0	0 - 7

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	236
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	133
Percent of Physicians Who Are Board Certified Specialists:	89
Interns and Residents:	0
Registered Nurses:	233
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

COTTAGE HOSP

SWIFTWATER RD
WOODSVILLE, NH 03785

Medicare Hospital Provider Number: 300028

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	334	10	11 - 18	364	12	10 - 17
Cancer	5	60	16 - 86	9	44	17 - 76
Cerebrovascular Accidents	12	8	15 - 53	15	47	12 - 59
Gastrointestinal Catastrophes	1	0	2 - 97	3	33	6 - 87
Infectious Disease	7	14	9 - 66	10	60	10 - 67
Metabolic/Electrolyte Disorders	8	25	4 - 66	8	13	5 - 60
Pulmonary Disease	19	11	12 - 45	25	20	8 - 43
Renal Failure	2	50	5 - 94	1	0	3 - 98
Severe Acute Heart Disease	23	22	22 - 57	17	24	21 - 62
Severe Chronic Heart Disease	21	24	14 - 50	17	24	8 - 50
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	27	4	1 - 29	38	3	0 - 44
Gynecologic Disease	1	0	0 -100	0	-	-
Low-Risk Heart Disease	28	7	0 - 36	39	0	1 - 13
Musculoskeletal/Skin Conditions	32	3	1 - 25	33	0	0 - 18
Neuropsychiatric/Sensory Disease	8	0	0 - 99	11	0	0 - 95
Urologic Disease	17	0	0 - 61	7	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	48
Occupancy Rate (%):	27
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	15
Percent of Physicians Who Are Board Certified Specialists:	93
Interns and Residents:	0
Registered Nurses:	20
Licensed Practical Nurses:	12

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ELLIOT HOSP

955 AUBURN ST
MANCHESTER, NH 03103

Medicare Hospital Provider Number: 300012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,986	13	11 - 15	2,031	14	12 - 16
Cancer	104	50	33 - 56	133	62	37 - 58
Cerebrovascular Accidents	76	24	18 - 39	81	21	20 - 39
Gastrointestinal Catastrophes	23	26	18 - 57	28	54	19 - 58
Infectious Disease	13	62	16 - 67	19	16	22 - 59
Metabolic/Electrolyte Disorders	21	29	9 - 51	15	7	12 - 48
Pulmonary Disease	72	31	16 - 40	66	23	14 - 37
Renal Failure	7	43	8 - 77	5	40	8 - 83
Severe Acute Heart Disease	80	42	27 - 50	99	42	28 - 49
Severe Chronic Heart Disease	84	20	14 - 32	86	28	16 - 37
Severe Trauma	3	67	3 - 86	1	0	0 - 99
Gastrointestinal Disease	136	7	1 - 13	151	1	1 - 7
Gynecologic Disease	19	0	0 -100	21	0	0 -100
Low-Risk Heart Disease	202	2	2 - 7	219	3	2 - 7
Musculoskeletal/Skin Conditions	188	1	1 - 5	205	2	1 - 7
Neuropsychiatric/Sensory Disease	65	0	1 - 9	58	9	0 - 57
Urologic Disease	104	1	0 - 9	92	3	0 - 15

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 296
Occupancy Rate (%): 59
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 168
Percent of Physicians Who Are Board Certified Specialists: 77
Interns and Residents: 0
Registered Nurses: 219
Licensed Practical Nurses: 20

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: Yes

Hospital

Excellence 955 Auburn Street
Caring Manchester, NH 03103
Innovation (603) 669-5300

October 21, 1988

Ms. Sandra Kappert
Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, Maryland 21207

RE: Medicare Hospital Mortality Information
Elliot Hospital, Manchester, New Hampshire

Dear Ms. Kappert:

This letter will constitute our response to the soon to be released mortality data for the Elliot Hospital for the calendar year 1987.

The vast majority of comments that we would wish to make concerning the current material were expressed in our response (dated October 27, 1987) to your agency regarding last year's statistics, and a copy of this is enclosed for your information. However, I would say that the majority of the comments that we made in 1987 remain unchanged as of this date. In connection with this, I would like to point out to you that the attached letter to Mr. Thomas G. Morford, dated September 28, 1987, remains unanswered.

However, to turn to the current report; namely, that for 1987, we would like to make the following observations concerning the overall methodology and then conclude with specific remarks concerning the Elliot Hospital figures. As has been noted in the past, the utilization of the last discharge from a short-term, acute care hospital, which was the listed hospital to determine the number of patients, remains subject to considerable criticism. Furthermore, as was mentioned last year, basing the mortality rate upon the Medicare patients who died within 30 days of admission again raises the possibility of a patient dying of an unrelated cause in the 30-day time frame. The manner in which predicted mortality was arrived at is somewhat unclear but we feel it can be safely said that this figure is nothing more than an averaging figure. Furthermore, it is felt that within a "diagnostic category" the HSQB mortality model is extremely limited in its ability to predict mortality. Lastly, you have chosen to again arbitrarily create 16 groups of disease processes, many of which are quite heterogeneous. Furthermore, you have been unable to come to grips with the great catch all group, to wit, "all others" which, in our case, constitutes 40 percent of the cases.

To turn to the specific figures as they relate to the Elliot Hospital, we have the following comments. For cancer, of which there were 104 cases, we had an actual mortality of 50 percent, with a predicted range of 33-56 percent. While the 50 percent mortality was within the predicted range, it does represent the highest mortality rate for any group from our hospital, with the exception of trauma. We would, again, like to point out that we have an extensive oncology program which cannot help but influence these figures. This was adequately explained in last year's report, and we will not dwell any further upon it. The group, infectious diseases, constituting only 13 cases, had an actual mortality of 62 percent with a predicted range of 16-67 percent. When one attempts to compare this with the figures for 1986, where we had 19 cases with an actual mortality rate of 16%, it becomes apparent that 13 or 19 cases are not a significant number for valid statistical conclusions. Furthermore, to include such extremely small groups as renal failure (7 cases) in an attempt to prognosticate anything whatsoever based on this small sampling is not valid. Lastly, we would call your attention to the severe trauma group for which we had a total of 3 cases and the above comments regarding the size of the groups applies to this. We had an actual mortality rate of 67 percent, which is well within the predicted range but does not allow for the fact that we are a designated Level II Trauma Center. The remaining groups were all well within the predicted ranges, save for, "all others" about which there is no information. However, it should be pointed out that the total cases in the Elliot Hospital study were 1,986 and the total number of cases that you list by specific groupings is 1,197, which leaves a total of 789 cases in the " all others" group. This represents 40 percent of the total Elliot Hospital cases which are not even addressed in your mortality statistics.

Finally, in the section entitled, hospital characteristics, under specialty services you do refer to shock, trauma or burn unit but this does not truly address the question of our being designated as a Level II Trauma Center. In addition, your reference to hospice care certainly does not encompass the fact that we have a large, active oncology service encompassing medical oncology, surgery, and radiation therapy.

I would reiterate what we said last year; namely, that to equilibrate quality of care with these mortality statistics, in the form in which they are presented, is completely unrealistic. As we stated last year, it is conceivable that, with a truly sophisticated system of evaluating and reporting mortality, there may be some link between mortality rates and overall quality of care in the institution, but unfortunately your present methodology fails to accomplish this.

Sincerely yours,

Samuel C May, MD
Signed in Dr. May's absence by DPS.
Samuel C. May, M.D., FACS
Vice President for Medical Affairs

SCM/dps
Attachments

EXETER HOSPITAL, INC.

10 BUZZELL AVENUE
EXETER, NH 03833

Medicare Hospital Provider Number: 300023

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,222	13	11 - 16	1,270	15	10 - 16
Cancer	41	73	33 - 62	51	55	29 - 58
Cerebrovascular Accidents	47	13	16 - 37	64	25	18 - 41
Gastrointestinal Catastrophes	15	40	12 - 61	12	50	9 - 64
Infectious Disease	23	30	13 - 53	15	40	11 - 60
Metabolic/Electrolyte Disorders	9	22	4 - 62	18	28	9 - 53
Pulmonary Disease	64	28	16 - 40	71	24	16 - 39
Renal Failure	11	55	16 - 78	5	80	13 - 85
Severe Acute Heart Disease	62	40	25 - 51	38	29	24 - 54
Severe Chronic Heart Disease	75	25	15 - 36	79	27	16 - 37
Severe Trauma	5	0	5 - 65	1	100	1 - 97
Gastrointestinal Disease	98	3	1 - 11	101	0	1 - 6
Gynecologic Disease	12	0	0 -100	17	0	0 -100
Low-Risk Heart Disease	125	2	1 - 8	113	7	1 - 13
Musculoskeletal/Skin Conditions	91	2	0 - 12	108	6	0 - 15
Neuropsychiatric/Sensory Disease	46	4	0 - 23	49	4	0 - 28
Urologic Disease	58	2	0 - 21	47	0	0 - 17

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	100
Occupancy Rate (%):	75
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	62
Percent of Physicians Who Are Board Certified Specialists:	92
Interns and Residents:	0
Registered Nurses:	91
Licensed Practical Nurses:	7

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

EH Exeter Hospital, Inc.
10 buzell avenue, exeter, n.h. 03833
603-778-7311

RE: Medicare Provider #300023

October 20, 1988

Health Standards & Quality Bureau
HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Boulevard
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

The publication of HCFA Mortality Data has again provided an opportunity for Exeter Hospital to review the care of a defined group of patients. That review has reassured us that we are serving the healthcare needs of the community and providing high quality care.

Exeter Hospital provided care for 230 cancer patients last year, most on an outpatient basis. The HCFA data only included a review of the 41 patients who were admitted to the hospital with a principal diagnosis of cancer. Selective review of this kind does not accurately reflect the quality of care provided by a facility nor is it helpful to the public in choosing a health care provider.

An indepth review of the medical records of cancer patients admitted to Exeter Hospital in 1987 revealed that 85% were admitted for palliative care. These patients were admitted in the advanced stages of disease and were expected to die. These patients came to the hospital for supportive care and received it.

Present HCFA regulations require patients to spend 3 days in the hospital prior to placement in a skilled nursing facility. A number of the patients included in this review could have bypassed the hospital and gone directly to a skilled nursing facility once their support system failed at home. A change in this regulation would change the statistics as well as provide more efficient care for patients.

Please see attachment for corrections to hospital characteristics.

Sincerely,
Judith A. Bouzoun
Judith A. Bouzoun
Quality Assurance Coordinator

Barbara Grillo
Barbara Grillo
Executive Director

JAB/kb

Attachment

FRANKLIN REGIONAL HOSPITAL

AIKEN AVENUE
FRANKLIN, NH 03235

Medicare Hospital Provider Number: 300013

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	459	14	10 - 17	453	13	10 - 17
Cancer	20	55	23 - 66	22	45	26 - 68
Cerebrovascular Accidents	21	24	12 - 49	22	23	12 - 48
Gastrointestinal Catastrophes	2	50	1 - 93	5	40	7 - 79
Infectious Disease	6	33	5 - 73	6	50	10 - 78
Metabolic/Electrolyte Disorders	18	11	7 - 44	6	17	2 - 72
Pulmonary Disease	32	19	12 - 41	33	9	14 - 38
Renal Failure	0	-	-	1	100	3 - 98
Severe Acute Heart Disease	14	64	16 - 64	15	67	23 - 69
Severe Chronic Heart Disease	30	17	12 - 41	26	23	12 - 46
Severe Trauma	2	50	0 - 95	0	-	-
Gastrointestinal Disease	53	2	1 - 16	37	3	0 - 28
Gynecologic Disease	4	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	26	8	0 - 67	26	4	0 - 69
Musculoskeletal/Skin Conditions	50	8	0 - 28	53	4	0 - 31
Neuropsychiatric/Sensory Disease	19	11	0 - 98	23	4	0 - 96
Urologic Disease	3	0	0 -100	5	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	49
Occupancy Rate (%):	71
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	18
Percent of Physicians Who Are Board Certified Specialists:	72
Interns and Residents:	0
Registered Nurses:	44
Licensed Practical Nurses:	9

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

FRISBIE MEM HOSP

WHITEHALL RD
ROCHESTER, NH 03867

Medicare Hospital Provider Number: 300014

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	846	15	10 - 16	856	18	10 - 16
Cancer	39	64	30 - 62	42	69	27 - 57
Cerebrovascular Accidents	45	31	14 - 42	41	37	15 - 45
Gastrointestinal Catastrophes	4	25	4 - 80	12	33	12 - 64
Infectious Disease	13	54	15 - 66	11	73	18 - 70
Metabolic/Electrolyte Disorders	2	0	0 - 95	7	0	2 - 55
Pulmonary Disease	52	23	12 - 38	53	38	11 - 39
Renal Failure	3	0	10 - 85	0	-	-
Severe Acute Heart Disease	51	43	23 - 51	52	52	25 - 53
Severe Chronic Heart Disease	38	29	12 - 41	37	24	10 - 39
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	95	3	1 - 11	92	2	1 - 10
Gynecologic Disease	10	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	60	3	1 - 17	80	2	1 - 12
Musculoskeletal/Skin Conditions	70	1	0 - 14	54	2	0 - 29
Neuropsychiatric/Sensory Disease	50	2	0 - 24	33	3	0 - 28
Urologic Disease	28	4	0 - 74	36	6	0 - 86

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	116
Occupancy Rate (%):	61
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	57
Percent of Physicians Who Are Board Certified Specialists:	63
Interns and Residents:	0
Registered Nurses:	112
Licensed Practical Nurses:	43

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Frisbie Memorial Hospital
Whitehall Road
Rochester, New Hampshire 03867
Tel.: 603/332-5211

Provider #: 30-0014

October 19, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

As a direct outcome of our analysis of the mortality data initially released by HCFA in December, 1987, our facility used the data as a tool to examine the practice patterns of members of our Medical Staff. In follow-up, we incorporated in the monthly review of expired patients the evaluation of the effectiveness of various services in the specific diagnostic categories identified as "outliers" in the 1987 release. A comparison of our findings from the analysis of that release as compared to the information which will be released this fall is discussed below.

A methodical, case by case, review of the 1986 data revealed an unexpected delay between generation of laboratory data and timely physician action in the category of Infectious Disease. Although the statistical sample was quite small, eight of eleven cases for the entire year, the problem was discussed by the Department of Medicine and appropriate steps have been taken to make physicians aware of the problem and to document future compliance. The 1987 data shows the actual mortality to be within the predicted range.

In the category of Severe Acute Heart Disease, a thorough evaluation could find no patterns to explain the slightly higher than predicted mortality. Indeed, the recalculated 1986 data, with the new updated criteria applied by HCFA, showed the actual mortality to be within the predicted range. The 1987 data yielded an actual mortality rate well within the predicted range. Nonetheless, this category will also be monitored on an ongoing basis by both the Department of Medicine and the Intensive Care Unit Committee.

The Cancer category showed a significant elevation of actual mortality rates when compared to the expected range. A review of all cases revealed several significant findings. First, there is a preponderance of lung cancers at this institution, accounting for 32 percent of all cancers. Most of these patients presented initially in stage III or IV. The average survival for this group was 308 days, which is average or better than average for such late-stage tumors.

Second, elderly patients were referred for evaluation and treatment at a much more advanced stage of disease. These reasons for the latter finding are complex and include a demographic population that tends not to seek care until symptoms are very advanced and a bimodal approach to such patients based on the age of the physician to whom they turn for care. Younger physicians tend to be aggressive in diagnosis and therapy, regardless of the patient's age or physical condition. Older, established general practitioners tend to not initiate drastic surgery, radiotherapy, or chemotherapy intervention that may increase pain and suffering in the terminal phases of the disease process especially when patients are clearly moribund and have co-morbid conditions. Further, as stated above, patients often do not seek care until their disease process is well advanced. As older physicians retire or close their practices, we would expect to see more aggressive diagnosis and treatment by their younger colleagues, as indeed is already the case in the 1987 HCFA cancer data, where the actual mortality rate is still above expected, but only barely so, representing an increased survival rate over 1986. Whether aggressive treatment at all costs is humane or even beneficial is an ethical issue that bears close scrutiny.

Third, many of our patients are part of a regional oncology program in concert with New England Collaborative Community Clinical Oncology Program which places patients on various protocol drugs. Death rates on certain protocols tend to be higher than those for patients treated with more traditional regimens. The latter is true for any center where experimental or protocol treatments are used.

Finally, the Frisbie Memorial Hospital, with full administrative support, has in place a physician-directed Quality Assurance Committee, one of whose main functions will be to review, on a concurrent basis, cancer deaths as well as other quality indicators.

Sincerely,

Jeffrey G. White
Executive Vice President

JGW/etd

HUGGINS HOSPITAL

SOUTH MAIN STREET
WOLFEBORO, NH 03894

Medicare Hospital Provider Number: 300006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	633	11	10 - 15	651	11	9 - 15
Cancer	15	67	27 - 74	23	70	24 - 63
Cerebrovascular Accidents	30	20	13 - 43	24	21	13 - 47
Gastrointestinal Catastrophes	8	38	9 - 70	7	14	6 - 65
Infectious Disease	10	20	11 - 63	8	0	15 - 57
Metabolic/Electrolyte Disorders	1	0	0 -100	5	20	5 - 74
Pulmonary Disease	37	22	16 - 45	48	27	12 - 39
Renal Failure	1	0	1 - 97	3	0	8 - 84
Severe Acute Heart Disease	45	40	26 - 56	30	30	23 - 57
Severe Chronic Heart Disease	16	0	11 - 35	28	25	11 - 44
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	68	1	1 - 11	60	0	1 - 9
Gynecologic Disease	4	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	69	1	1 - 11	88	1	1 - 9
Musculoskeletal/Skin Conditions	68	1	0 - 13	54	7	0 - 39
Neuropsychiatric/Sensory Disease	24	0	0 - 30	23	0	0 - 76
Urologic Disease	24	0	0 - 72	27	0	0 - 24

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1988

Total Beds (#):	64
Ownership/Control:	Private, Non-profit

STAFFING

Interns and Residents:	0
Registered Nurses:	45
Licensed Practical Nurses:	8

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HUGGINS HOSPITAL

Leslie N. H. MacLeod
President

HOSPITAL ID: 300006

October 24, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Ms. Kappert:

The following comment is made with reference to the 1987 MEDICARE HOSPITAL MORTALITY INFORMATION:

> Huggins Hospital is affiliated with an active Hospice program and accommodates a significant number of patients for supportive care during the terminal stage of their illness.

Sincerely,

Leslie N. H. MacLeod
President

LNHM/cmm

P. O. BOX 912, WOLFEBORO, NEW HAMPSHIRE 03894-0912 TEL. (603) 569-2150

A VOLUNTARY NON-PROFIT COMMUNITY HOSPITAL

LAKES REGION GENERAL HOSPITAL

HIGHLAND ST
LACONIA, NH 03246

Medicare Hospital Provider Number: 300005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,353	12	10 - 15	1,348	10	10 - 15
Cancer	59	61	32 - 59	47	43	29 - 60
Cerebrovascular Accidents	66	14	17 - 36	68	21	16 - 37
Gastrointestinal Catastrophes	12	42	10 - 64	11	36	10 - 65
Infectious Disease	8	25	14 - 71	8	25	11 - 69
Metabolic/Electrolyte Disorders	5	40	0 - 87	10	20	2 - 62
Pulmonary Disease	58	19	13 - 36	56	25	13 - 38
Renal Failure	7	71	17 - 84	3	67	12 - 95
Severe Acute Heart Disease	74	38	27 - 51	77	36	29 - 52
Severe Chronic Heart Disease	67	19	14 - 34	71	18	13 - 33
Severe Trauma	2	0	2 - 88	1	0	0 - 98
Gastrointestinal Disease	107	4	1 - 11	125	2	1 - 8
Gynecologic Disease	13	8	0 -100	9	0	0 -100
Low-Risk Heart Disease	131	2	1 - 8	109	3	2 - 10
Musculoskeletal/Skin Conditions	181	2	0 - 7	180	1	1 - 6
Neuropsychiatric/Sensory Disease	63	0	0 - 11	58	2	1 - 14
Urologic Disease	54	2	0 - 29	47	0	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	157
Occupancy Rate (%):	59
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	83
Percent of Physicians Who Are Board Certified Specialists:	70
Interns and Residents:	0
Registered Nurses:	141
Licensed Practical Nurses:	12

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

LITTLETON HOSP

107 COTTAGE ST
LITTLETON, NH 03561

Medicare Hospital Provider Number: 300008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	510	10	9 - 15	560	11	9 - 15
Cancer	15	33	23 - 69	20	75	24 - 63
Cerebrovascular Accidents	22	23	17 - 52	15	47	14 - 62
Gastrointestinal Catastrophes	6	50	6 - 75	5	20	10 - 77
Infectious Disease	7	0	18 - 63	5	60	9 - 80
Metabolic/Electrolyte Disorders	3	33	0 - 94	4	0	14 - 77
Pulmonary Disease	28	7	10 - 35	15	0	14 - 39
Renal Failure	6	33	12 - 82	4	0	11 - 80
Severe Acute Heart Disease	25	36	22 - 59	34	35	23 - 56
Severe Chronic Heart Disease	30	10	10 - 35	16	6	11 - 42
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	42	2	1 - 17	50	6	0 - 28
Gynecologic Disease	4	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	53	6	0 - 22	51	0	1 - 10
Musculoskeletal/Skin Conditions	66	3	0 - 20	78	0	1 - 7
Neuropsychiatric/Sensory Disease	24	0	0 - 48	28	4	0 - 47
Urologic Disease	19	5	0 - 99	18	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	54
Occupancy Rate (%):	52
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	21
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	54
Licensed Practical Nurses:	16

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Littleton Hospital
107 Cottage Street · Littleton, NH 03561 · 603-444-7731

October 5, 1988

Ms Sandra Kappert
Health Care Financing Administration
Health Standards & Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Ms Kappert:

The Hospital Utilization Review Committee has reviewed the 1987 mortality data and request the following information be corrected in the "Hospital Characteristics" section:

Beds:	54
Coronary Care Unit:	Yes
Intensive Care Unit:	Yes

Other than the above corrections, we have nothing further to add to the data.

Sincerely,

Robert A. Peraino, MD
Chairman, UR Committee

RAP/wcv

cc: Rosemary C. Check, Administrator

MARY HITCHCOCK MEMORIAL HOSPITAL

2 MAYNARD STREET
HANOVER, NH 03755

Medicare Hospital Provider Number: 300003

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,487	11	10 - 14	2,569	10	9 - 14
Cancer	182	32	32 - 51	134	39	34 - 56
Cerebrovascular Accidents	66	27	16 - 38	63	22	15 - 37
Gastrointestinal Catastrophes	27	22	22 - 58	19	47	17 - 62
Infectious Disease	3	67	7 - 88	7	57	14 - 78
Metabolic/Electrolyte Disorders	13	15	13 - 58	17	29	14 - 59
Pulmonary Disease	66	33	17 - 42	51	27	15 - 41
Renal Failure	10	10	14 - 70	10	20	9 - 70
Severe Acute Heart Disease	101	44	25 - 47	84	38	25 - 47
Severe Chronic Heart Disease	57	14	15 - 35	53	17	15 - 37
Severe Trauma	15	47	7 - 59	20	25	12 - 55
Gastrointestinal Disease	115	6	1 - 13	110	8	1 - 14
Gynecologic Disease	30	0	0 - 82	25	0	0 -100
Low-Risk Heart Disease	335	3	3 - 7	327	3	2 - 6
Musculoskeletal/Skin Conditions	326	2	1 - 5	421	2	1 - 5
Neuropsychiatric/Sensory Disease	106	0	1 - 7	123	3	1 - 10
Urologic Disease	54	0	0 - 12	76	4	0 - 27

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	373
Occupancy Rate (%):	82
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	238
Percent of Physicians Who Are Board Certified Specialists:	90
Interns and Residents:	202
Registered Nurses:	573
Licensed Practical Nurses:	45

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

MEMORIAL HOSPITAL I P ECUL

INTERVALE ROAD
NORTH CONWAY, NH 03860

Medicare Hospital Provider Number: 300015

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	294	11	7 - 15	302	15	8 - 17
Cancer	3	33	10 - 91	12	67	18 - 68
Cerebrovascular Accidents	15	27	7 - 53	9	44	8 - 67
Gastrointestinal Catastrophes	2	0	4 - 88	2	100	7 - 91
Infectious Disease	3	33	8 - 89	1	0	0 - 98
Metabolic/Electrolyte Disorders	5	60	7 - 79	7	14	4 - 64
Pulmonary Disease	15	27	7 - 53	16	13	10 - 47
Renal Failure	0	-	-	1	0	0 - 98
Severe Acute Heart Disease	16	38	15 - 60	15	60	16 - 63
Severe Chronic Heart Disease	18	28	8 - 50	19	32	10 - 52
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	29	3	0 - 57	27	0	0 - 52
Gynecologic Disease	3	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	25	4	0 - 74	26	8	0 - 48
Musculoskeletal/Skin Conditions	36	3	0 - 60	35	0	0 - 45
Neuropsychiatric/Sensory Disease	14	0	0 - 74	13	8	0 - 99
Urologic Disease	5	0	0 -100	4	25	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	56
Occupancy Rate (%):	73
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	15
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	35
Licensed Practical Nurses:	1

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

The Memorial Hospital

Dedicated to serving the health care needs of our community.

North Conway, New Hampshire 03860
603-356-5461

Gary R. Poquette, FACHE
Executive Director

October 21, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

Enclosed you will find the Medicare Hospital Mortality Information for Hospital ID #300015. Please note that updates have been made to the Hospital Characteristics portion of the data.

If I may answer any questions, please feel free to contact me.

Sincerely,

Elizabeth Nastasia

Elizabeth Nastasia
Assistant Administrator

EN/emk

cc: Gary R. Poquette, Executive Director

Merriman House • Mt. Washington Valley Medical Center

MONADNOCK COMMUNITY HOSPITAL

OLD STREET ROAD
PETERBOROUGH, NH 03458

Medicare Hospital Provider Number: 300007

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	483	12	9 - 16	476	15	11 - 18
Cancer	11	45	16 - 71	17	53	22 - 68
Cerebrovascular Accidents	21	33	12 - 52	28	32	15 - 49
Gastrointestinal Catastrophes	4	50	7 - 84	2	0	7 - 90
Infectious Disease	4	50	4 - 82	3	67	1 - 87
Metabolic/Electrolyte Disorders	13	15	9 - 54	5	80	10 - 77
Pulmonary Disease	27	33	16 - 52	33	45	13 - 48
Renal Failure	3	67	7 - 90	2	100	10 - 95
Severe Acute Heart Disease	26	38	24 - 61	30	37	25 - 60
Severe Chronic Heart Disease	14	14	7 - 48	28	7	12 - 35
Severe Trauma	1	0	0 - 98	1	0	0 - 99
Gastrointestinal Disease	36	6	0 - 33	50	4	1 - 19
Gynecologic Disease	7	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	44	0	1 - 12	40	0	1 - 14
Musculoskeletal/Skin Conditions	58	3	0 - 18	43	0	0 - 15
Neuropsychiatric/Sensory Disease	28	11	0 - 78	24	4	1 - 29
Urologic Disease	19	0	0 - 95	18	0	0 - 33

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 67
Occupancy Rate (%): 46
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 32
Percent of Physicians Who Are Board Certified Specialists: 0
Interns and Residents: 0
Registered Nurses: 48
Licensed Practical Nurses: 12

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: No
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

Monadnock
Community Hospital

Alvin D. Felgar
Administrator

Medicare Provider #: 300007

October 21, 1988

Health Standards and Quality Bureau, HCFA
ATTN: Mrs. Sandra Kappert
2-D-2 Meadow East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert,

The Quality Review Department of the Monadnock Community Hospital has received the 1987 HCFA Mortality Statistics and discovered several inaccuracies regarding admission dates, actual date of death and facility where death occurred following admission. Please see attached.

Due to the size of our facility (67 beds) it is difficult to generate statistical information which reflects the quality of care we provide in a muititude of diagnostic areas which, in many cases, have small numbers. We do appreciate that hospital characteristics will be published with the statistics.

The refinement of HCFA's predictability system and the modification of diagnostic categories are first steps in a more equitable identification process. However, the process still does not include such factors as (1) establishing a relationship between the cause of death and the principal diagnosis (2) identifying patient's who died after discharge from a cause unrelated to the principal diagnosis (3) identifying other variables which could impact the data such as the inclusion of a Swing Bed Program within the acute care facility (as exists at MCH) which admits patients for terminal care (4) and of course the severity of illness. We do hope HCFA will include in it's data presentation further explanation of the known limitations of the data.

Monadnock Community Hospital utilizes objective criteria to evaluate the quality of care we deliver to our patients and are always interested in a fair and equitable process to validify our findings. We do hope HCFA can perfect such a system of outcome predictions to use as a credible tool toward this end.

Sincerely,

Susan Marshall

Susan Marshall
Quality Review Manager

NASHUA MEMORIAL HOSPITAL

8 PROSPECT STREET
NASHUA, NH 03060

Medicare Hospital Provider Number: 300020

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,157	14	9 - 14	1,110	13	10 - 15
Cancer	28	50	24 - 62	47	57	30 - 61
Cerebrovascular Accidents	51	25	16 - 41	41	34	15 - 44
Gastrointestinal Catastrophes	13	69	10 - 61	14	29	13 - 61
Infectious Disease	9	67	7 - 66	12	50	10 - 64
Metabolic/Electrolyte Disorders	15	27	3 - 54	17	18	3 - 48
Pulmonary Disease	56	18	14 - 37	53	23	13 - 38
Renal Failure	9	44	7 - 73	9	56	8 - 75
Severe Acute Heart Disease	49	49	29 - 58	51	27	26 - 52
Severe Chronic Heart Disease	69	26	11 - 33	70	23	12 - 34
Severe Trauma	6	17	9 - 71	3	0	3 - 80
Gastrointestinal Disease	74	8	0 - 21	87	2	0 - 12
Gynecologic Disease	8	0	0 -100	15	0	0 -100
Low-Risk Heart Disease	106	6	1 - 13	98	8	1 - 16
Musculoskeletal/Skin Conditions	96	3	0 - 13	128	4	0 - 11
Neuropsychiatric/Sensory Disease	75	3	0 - 15	32	3	0 - 65
Urologic Disease	75	4	0 - 26	44	2	0 - 32

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	173
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	99
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	0
Registered Nurses:	208
Licensed Practical Nurses:	28

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NMH Nashua
Memorial
Hospital

8 Prospect Street, Box 2014
Nashua, New Hampshire 03061
603•883•5521

October 20, 1988

ID #:300020

Health Standards and Quality Bureau
Health Care Finance Administration
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Att: Mrs. Sandra Kappert

Dear Sirs:

We would like to express our support for the objectives of the Medicare Mortality Review but reiterate our concern over predicting mortality rates without measuring severity of illness.

Patient records were reviewed for those categories for which this hospital was at the top of the predicted range. These dignostic categories were significantly affected by the emergency admission of terminally ill patients and by the fact that we are the sole provider of renal dialysis in this area.

Thank you for the opportunity to respond to this review.

Sincerely,

Thomas E. Wilhelmsen Jr.

Thomas E. Wilhelmsen, Jr.
President
NASHUA MEMORIAL HOSPITAL

JC/st

VHA.
Member of Voluntary Hospitals of America, Inc.

NEW HAMPSHIRE HOSP-MED SURG BLDG

105 PLEASANT ST
CONCORD, NH 03301

Medicare Hospital Provider Number: 300032

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	8	12	0 -100	79	10	0 - 30
Cancer	0	-	-	0	-	-
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	1	100	0 -100
Pulmonary Disease	0	-	-	1	0	0 - 98
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	1	100	1 - 97
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	0	-	-	0	-	-
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	0	-	-	1	0	0 -100
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	7	14	0 -100	71	8	0 - 56
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: HCFA 1985

Total Beds (#):	174
Ownership/Control:	State Government

STAFFING

Interns and Residents:	0
Registered Nurses:	17
Licensed Practical Nurses:	1

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

NEW LONDON HOSP ASSN INC

COUNTY ROAD
NEW LONDON, NH 03257

Medicare Hospital Provider Number: 300009

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	288	10	10 - 18	312	11	9 - 17
Cancer	9	44	14 - 72	8	75	19 - 76
Cerebrovascular Accidents	17	18	12 - 50	17	18	12 - 50
Gastrointestinal Catastrophes	3	0	7 - 81	1	0	0 - 97
Infectious Disease	0	-	-	4	25	7 - 81
Metabolic/Electrolyte Disorders	7	29	7 - 70	8	0	10 - 53
Pulmonary Disease	8	13	9 - 61	18	6	7 - 38
Renal Failure	1	0	3 - 98	0	-	-
Severe Acute Heart Disease	20	25	23 - 62	18	33	20 - 63
Severe Chronic Heart Disease	16	44	6 - 54	19	21	9 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	24	0	0 - 32	22	5	0 - 52
Gynecologic Disease	2	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	29	0	0 - 21	27	4	0 - 37
Musculoskeletal/Skin Conditions	31	6	0 - 57	35	3	0 - 44
Neuropsychiatric/Sensory Disease	12	0	0 - 87	18	0	0 - 66
Urologic Disease	8	13	0 -100	4	25	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 87
Occupancy Rate (%): 68
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 21
Percent of Physicians Who Are Board Certified Specialists: 81
Interns and Residents: 0
Registered Nurses: 46
Licensed Practical Nurses: 9

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

NEWPORT HOSP

167 SUMMER ST
NEWPORT, NH 03773

Medicare Hospital Provider Number: 300002

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	241	13	9 - 18	264	12	9 - 18
Cancer	10	40	18 - 73	8	63	26 - 86
Cerebrovascular Accidents	12	33	7 - 59	15	27	12 - 56
Gastrointestinal Catastrophes	3	67	8 - 89	3	33	1 - 88
Infectious Disease	2	50	2 - 92	1	0	0 - 98
Metabolic/Electrolyte Disorders	3	33	4 - 86	2	50	0 - 98
Pulmonary Disease	26	23	12 - 46	29	10	10 - 37
Renal Failure	1	100	0 - 98	1	0	1 - 97
Severe Acute Heart Disease	8	50	12 - 73	9	22	16 - 69
Severe Chronic Heart Disease	8	38	2 - 68	5	40	5 - 77
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	25	4	0 - 73	40	7	0 - 34
Gynecologic Disease	0	-	-	3	0	0 -100
Low-Risk Heart Disease	20	0	0 - 52	19	0	0 - 55
Musculoskeletal/Skin Conditions	26	4	0 - 69	23	0	0 - 31
Neuropsychiatric/Sensory Disease	16	6	1 - 46	8	0	0 -100
Urologic Disease	2	0	0 -100	9	0	0 - 92

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	27
Occupancy Rate (%):	48
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	13
Percent of Physicians Who Are Board Certified Specialists:	100
Interns and Residents:	0
Registered Nurses:	11
Licensed Practical Nurses:	6

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

PARKLAND MEDICAL CENTER

1 PARKLAND DRIVE
DERRY, NH 03038

Medicare Hospital Provider Number: 300017

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	497	10	10 - 16	442	14	10 - 17
Cancer	13	46	20 - 71	12	58	20 - 72
Cerebrovascular Accidents	12	17	8 - 53	14	29	7 - 55
Gastrointestinal Catastrophes	2	50	0 - 95	7	43	11 - 75
Infectious Disease	2	50	1 - 93	2	50	2 - 92
Metabolic/Electrolyte Disorders	17	18	14 - 54	13	46	7 - 60
Pulmonary Disease	24	21	8 - 43	19	16	7 - 44
Renal Failure	2	0	7 - 91	2	50	4 - 93
Severe Acute Heart Disease	26	35	27 - 63	26	38	24 - 61
Severe Chronic Heart Disease	18	6	13 - 42	34	9	13 - 36
Severe Trauma	0	-	-	1	100	1 - 97
Gastrointestinal Disease	41	5	1 - 23	26	8	0 - 45
Gynecologic Disease	0	-	-	2	0	0 -100
Low-Risk Heart Disease	56	4	1 - 16	48	2	0 - 18
Musculoskeletal/Skin Conditions	67	1	0 - 12	47	4	0 - 32
Neuropsychiatric/Sensory Disease	12	0	0 - 84	9	0	0 - 94
Urologic Disease	11	0	0 -100	13	0	0 - 49

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 81
Occupancy Rate (%): 58
Ownership/Control: Private, For Profit

STAFFING

Total Number of Physicians: 93
Percent of Physicians Who Are Board Certified Specialists: 78
Interns and Residents: 0
Registered Nurses: 84
Licensed Practical Nurses: 11

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

PORTSMOUTH REGIONAL HOSPITAL

333-343 BORTHWICK AVE, P O BOX
PORTSMOUTH, NH 03801

Medicare Hospital Provider Number: 300029

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,115	12	9 - 14	983	10	10 - 15
Cancer	35	51	21 - 55	37	49	30 - 64
Cerebrovascular Accidents	34	29	12 - 44	39	28	16 - 45
Gastrointestinal Catastrophes	6	50	5 - 75	12	33	8 - 61
Infectious Disease	5	60	13 - 84	10	40	12 - 68
Metabolic/Electrolyte Disorders	11	18	9 - 59	18	39	7 - 54
Pulmonary Disease	62	24	13 - 37	53	32	16 - 43
Renal Failure	3	100	15 - 90	3	67	5 - 88
Severe Acute Heart Disease	40	45	22 - 53	37	27	25 - 55
Severe Chronic Heart Disease	56	23	14 - 38	41	17	13 - 38
Severe Trauma	3	0	6 - 80	1	0	0 - 99
Gastrointestinal Disease	74	4	1 - 14	55	0	1 - 10
Gynecologic Disease	12	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	136	1	1 - 7	116	2	2 - 9
Musculoskeletal/Skin Conditions	92	1	1 - 9	83	0	1 - 7
Neuropsychiatric/Sensory Disease	61	2	0 - 19	41	2	0 - 35
Urologic Disease	56	2	0 - 23	48	0	0 - 27

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	106
Occupancy Rate (%):	68
Ownership/Control:	Private, For Profit

STAFFING

Total Number of Physicians:	104
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	137
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

HCA Portsmouth
Regional Hospital

October 21, 1988 Medicare Provider # 30029

Ms. Sandra Kappert
HEALTH CARE FINANCING ADMINISTRATION
HEALTH STANDARDS AND QUALITY BUREAU
Meadows East Building, 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

Dear Ms. Kappert:

I am writing in response to our review of the Medicare Mortality Data for Portsmouth Regional Hospital. With the exception of renal failure, Portsmouth Regional Hospital was within predicted ranges in all categories. Our results in the renal failure category, however, point up once again, the problems inherent in promoting this data as a "quality" tool that consumers can use in evaluating health care.

In our case a renal failure mortality rate of 100% was listed reflective of a total of only three (3) deaths, a number so small as to be statistically insignificant. Yet, unsophisticated consumers may wrongly imply that our facility provides poor care to patients with renal disease.

Furthermore, analysis of these three (3) cases clearly demonstrates that more aggressive treatment was inappropriate. In one case, it was decided that renal dialysis was not the best treatment for a demented, elderly nursing home patient. In another case of an [redacted] year old patient, the family refused to consider dialysis. In the third case, the patient was severely ill with congestive heart failure and chronic obstructive lung disease when admitted. Renal failure was diagnosed on the day of admission, the same day that this [redacted] year old patient died. It is a reality that elderly people eventually die and that in this case the severity of illness on admission was acute.

Once again, let me re-emphasize our concern relative to the interpretation of this data by the public, who, regardless of your cautionary comments, are likely to interpret this data as a quality indicator. All of us in the hospital industry look forward to improvement in your methodology for dealing with the complex issue of quality.

Sincerely,

William J. Schuler
Administrator

SPEARE MEMORIAL HOSPITAL

HOSPITAL RD
PLYMOUTH, NH 03264

Medicare Hospital Provider Number: 300010

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	299	12	11 - 19	314	13	10 - 19
Cancer	14	43	21 - 70	11	73	24 - 75
Cerebrovascular Accidents	13	23	9 - 55	14	29	11 - 58
Gastrointestinal Catastrophes	3	33	6 - 87	4	25	8 - 82
Infectious Disease	3	33	4 - 86	10	40	13 - 70
Metabolic/Electrolyte Disorders	5	0	4 - 64	1	0	0 - 98
Pulmonary Disease	23	17	15 - 48	15	13	9 - 49
Renal Failure	2	50	6 - 95	1	100	2 - 97
Severe Acute Heart Disease	15	33	21 - 67	16	50	21 - 67
Severe Chronic Heart Disease	13	31	7 - 57	19	26	12 - 52
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	23	13	0 - 68	36	0	1 - 16
Gynecologic Disease	4	0	0 -100	3	0	0 -100
Low-Risk Heart Disease	44	2	0 - 19	43	0	2 - 12
Musculoskeletal/Skin Conditions	26	4	0 - 85	26	12	0 - 69
Neuropsychiatric/Sensory Disease	17	0	0 - 74	14	0	0 -100
Urologic Disease	2	0	0 -100	3	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	47
Occupancy Rate (%):	40
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	16
Percent of Physicians Who Are Board Certified Specialists:	100
Interns and Residents:	0
Registered Nurses:	39
Licensed Practical Nurses:	5

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SPEARE MEMORIAL HOSPITAL
Hospital Road, Plymouth, New Hampshire 03264
603-536-1120

DAVID L. PEARSE
Administrator

September 28, 1988

Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Blvd.
Baltimore, MD 21207

ATTENTION: Mrs. Sandra Kappert

Re: Hospital ID No. 300010

Dear Ms. Kappert:

Enclosed is a copy of our Medicare Hospital Mortality Information, a few corrections need to be made under the Hospital Characteristics. Our bed total is 47, our occupancy rate for 1986 was 37%, our total number of physicians is 16, and our percent of physicians who are board certified specialists is 88%.

There are no other changes to the mortality information. Thank you.

Sincerely,

Gary R. Gray

Gary R. Gray
Director of Fiscal Services

GG/pa
Enclosure

cc: NH Hospital Association

ST JOSEPH HOSPITAL

172 KINSLEY ST
NASHUA, NH 03060

Medicare Hospital Provider Number: 300011

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,182	14	10 - 15	1,316	13	9 - 14
Cancer	62	69	31 - 57	44	50	27 - 59
Cerebrovascular Accidents	54	31	16 - 42	41	32	15 - 44
Gastrointestinal Catastrophes	11	36	10 - 65	21	29	13 - 55
Infectious Disease	12	17	14 - 60	16	44	18 - 66
Metabolic/Electrolyte Disorders	11	0	12 - 47	27	19	6 - 42
Pulmonary Disease	40	20	13 - 40	48	29	13 - 41
Renal Failure	7	57	12 - 81	5	20	13 - 84
Severe Acute Heart Disease	48	44	23 - 52	66	36	25 - 50
Severe Chronic Heart Disease	56	23	9 - 33	59	29	12 - 36
Severe Trauma	4	50	6 - 83	2	50	1 - 93
Gastrointestinal Disease	84	4	1 - 13	101	1	1 - 8
Gynecologic Disease	14	7	0 -100	17	0	0 -100
Low-Risk Heart Disease	116	3	1 - 9	134	4	1 - 10
Musculoskeletal/Skin Conditions	112	1	1 - 7	129	1	1 - 6
Neuropsychiatric/Sensory Disease	64	2	0 - 19	86	3	0 - 18
Urologic Disease	57	0	0 - 17	40	2	0 - 51

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	218
Occupancy Rate (%):	69
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	112
Percent of Physicians Who Are Board Certified Specialists:	71
Interns and Residents:	0
Registered Nurses:	159
Licensed Practical Nurses:	53

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

St. Joseph Hospital

172 Kinsley Street
Nashua, NH 03061
603 · 882 · 3000

Hospital Medicare No: 30-0011

October 21, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau,
HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland, 21207

Dear Mrs. Kappert:

The following comments are a statement we would like published with our hospital-specific information when HCFA releases 1987 mortality data to the public in December. The statement is made specifically with regard to the mortality figures for "cancer".

> Through the establishment of a formal palliative care program--including dedicated palliative care suites, palliative rooms, a full-time palliative care program director, and support programs--St. Joseph Hospital has demonstrated a significant commitment to the care of terminally ill patients and their families.
>
> The majority of patients requiring palliative care in our facility are cancer patients. Our palliative care program is now in its fifth year and is well known throughout the area medical community, both in terms of physicians and other referral sources such as the Community Hospice of Greater Nashua. Consequently, utilization of these services has increased markedly since 1986.
>
> In addition, we often receive referrals to our palliative care unit for terminally ill patients who are members of the greater Nashua Community who have received primary care in Boston Hospitals and wish to return to the area to spend their remaining days close to home.
>
> Our mission as a Catholic institution directs us to seek out this type of terminally ill patient who otherwise might not have access to the kind of care provided in this unit.

Sincerely yours,

Peter B. Davis
President/C.E.O.

PBD:cr

UPPER CONNECTICUT VALLEY HOSP

CORLISS LN
COLEBROOK, NH 03576

Medicare Hospital Provider Number: 300033

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	193	15	10 - 21	148	21	11 - 25
Cancer	7	57	19 - 82	2	100	10 - 93
Cerebrovascular Accidents	9	44	9 - 68	4	50	6 - 83
Gastrointestinal Catastrophes	2	50	1 - 94	1	100	3 - 98
Infectious Disease	3	33	2 - 87	2	50	4 - 93
Metabolic/Electrolyte Disorders	10	10	3 - 55	12	17	14 - 60
Pulmonary Disease	16	44	14 - 61	14	36	10 - 58
Renal Failure	2	50	7 - 96	3	100	7 - 83
Severe Acute Heart Disease	5	60	12 - 83	9	56	13 - 71
Severe Chronic Heart Disease	13	8	6 - 44	8	75	3 - 65
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	17	0	0 - 68	7	14	0 - 92
Gynecologic Disease	1	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	22	0	0 - 31	14	0	0 - 96
Musculoskeletal/Skin Conditions	12	0	0 - 97	7	0	0 - 99
Neuropsychiatric/Sensory Disease	6	0	0 - 99	11	0	0 - 92
Urologic Disease	3	0	0 -100	2	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	31
Occupancy Rate (%):	29
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	7
Percent of Physicians Who Are Board Certified Specialists:	86
Interns and Residents:	0
Registered Nurses:	17
Licensed Practical Nurses:	5

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

VALLEY REGIONAL HOSPITAL

243 ELM ST
CLAREMONT, NH 03743

Medicare Hospital Provider Number: 300024

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	667	11	9 - 15	679	13	10 - 16
Cancer	14	36	13 - 61	14	64	23 - 71
Cerebrovascular Accidents	13	23	12 - 58	18	33	11 - 54
Gastrointestinal Catastrophes	5	0	16 - 73	5	40	7 - 79
Infectious Disease	13	15	15 - 59	11	27	15 - 67
Metabolic/Electrolyte Disorders	9	11	2 - 59	8	50	6 - 70
Pulmonary Disease	39	31	14 - 44	49	24	14 - 41
Renal Failure	3	33	5 - 88	3	33	12 - 95
Severe Acute Heart Disease	25	44	24 - 62	35	49	25 - 58
Severe Chronic Heart Disease	41	24	13 - 40	23	26	11 - 48
Severe Trauma	2	0	1 - 89	1	0	0 - 98
Gastrointestinal Disease	42	5	1 - 24	48	2	0 - 19
Gynecologic Disease	13	0	0 -100	13	0	0 -100
Low-Risk Heart Disease	60	8	1 - 20	70	1	1 - 10
Musculoskeletal/Skin Conditions	71	1	0 - 13	74	3	1 - 13
Neuropsychiatric/Sensory Disease	36	3	0 - 24	23	0	0 - 53
Urologic Disease	38	5	0 - 49	27	0	0 - 61

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	71
Occupancy Rate (%):	49
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	50
Percent of Physicians Who Are Board Certified Specialists:	54
Interns and Residents:	0
Registered Nurses:	65
Licensed Practical Nurses:	36

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WEEKS MEMORIAL HOSPITAL

MIDDLE STREET
LANCASTER, NH 03584

Medicare Hospital Provider Number: 300021

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	412	11	12 - 19	431	16	11 - 19
Cancer	6	67	23 - 89	14	79	29 - 73
Cerebrovascular Accidents	24	17	12 - 44	27	30	15 - 49
Gastrointestinal Catastrophes	7	14	5 - 65	3	67	6 - 87
Infectious Disease	9	22	13 - 67	10	30	11 - 66
Metabolic/Electrolyte Disorders	4	0	8 - 73	1	0	0 -100
Pulmonary Disease	32	19	13 - 42	35	34	15 - 48
Renal Failure	8	50	13 - 79	2	0	11 - 97
Severe Acute Heart Disease	23	26	25 - 61	19	37	22 - 64
Severe Chronic Heart Disease	38	24	11 - 39	25	24	12 - 46
Severe Trauma	1	0	1 - 97	0	-	-
Gastrointestinal Disease	32	3	0 - 34	37	0	0 - 18
Gynecologic Disease	2	0	0 -100	0	-	-
Low-Risk Heart Disease	33	0	1 - 17	37	0	1 - 14
Musculoskeletal/Skin Conditions	31	0	0 - 22	37	5	0 - 48
Neuropsychiatric/Sensory Disease	27	4	0 - 46	25	8	0 - 90
Urologic Disease	9	0	0 - 79	10	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	59
Occupancy Rate (%):	48
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	14
Percent of Physicians Who Are Board Certified Specialists:	79
Interns and Residents:	0
Registered Nurses:	49
Licensed Practical Nurses:	17

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WENTWORTH-DOUGLASS HOSPITAL

789 CENTRAL AVE
DOVER, NH 03820

Medicare Hospital Provider Number: 300018

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,375	13	9 - 14	1,328	12	9 - 14
Cancer	53	38	29 - 57	45	47	24 - 56
Cerebrovascular Accidents	51	18	16 - 38	51	27	15 - 41
Gastrointestinal Catastrophes	16	25	13 - 57	15	40	17 - 66
Infectious Disease	9	78	8 - 64	7	86	12 - 69
Metabolic/Electrolyte Disorders	17	41	12 - 59	12	42	12 - 65
Pulmonary Disease	51	31	14 - 41	46	13	13 - 36
Renal Failure	5	80	15 - 86	6	50	7 - 80
Severe Acute Heart Disease	68	43	26 - 51	66	33	26 - 50
Severe Chronic Heart Disease	80	27	12 - 33	88	19	16 - 34
Severe Trauma	4	0	3 - 72	5	60	3 - 78
Gastrointestinal Disease	101	3	1 - 11	96	4	1 - 13
Gynecologic Disease	21	0	0 -100	18	0	0 -100
Low-Risk Heart Disease	136	4	1 - 9	104	4	1 - 11
Musculoskeletal/Skin Conditions	169	3	1 - 8	184	3	1 - 7
Neuropsychiatric/Sensory Disease	38	5	0 - 58	40	2	0 - 57
Urologic Disease	53	2	0 - 21	50	2	0 - 23

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	158
Occupancy Rate (%):	67
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	91
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	0
Registered Nurses:	189
Licensed Practical Nurses:	47

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WENTWORTH-DOUGLASS HOSPITAL

October 21, 1988

Medicare Provider #30-0018

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building, 2 - D - 2
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Sirs:

Wentworth-Douglass Hospital has completed its review of the mortality information sent to us by the Health Care Financing Administration (HCFA).

As we noted last year, we feel that it is important to emphasize that the information contained in the HCFA document deals only with elderly patients insured by Medicare. The mortality rates listed are not in any way reflective of Wentworth-Douglass Hospital's overall mortality rate, or of its mortality rates for all patients treated within the listed diagnostic categories.

Infectious disease was the only diagnostic category for which the hospital's actual mortality was higher than HCFA's predicted range. By way of clarification, it should be noted that:

1) The number of cases is low thereby calling into question a statistical comparison of the calculation.

2) All of the patient deaths involved patients who were admitted to the hospital with very severe and advanced disease and, in all but one case, multiple system problems were involved as well.

In an overall sense, Wentworth-Douglass Hospital's actual mortality rate, as calculated by HCFA, compare quite favorably to the predicted ranges, and in fact, our mortality rates for 11 of the 18 categories in 1987 were the same or lower than those categories for 1986.

Thank you for the opportunity to comment upon the data. Wentworth-Douglass Hospital continues to encourage the development of meaningful quality of care information and we urge that HCFA continue its efforts to improve and refine its analytical methodology and data validation techniques.

Sincerely,

Warren Tessler

Warren Tessler
Chief Operating Officer

CRANSTON GENERAL HOSPITAL

1763 BROAD STREET
CRANSTON, RI 02905

Medicare Hospital Provider Number: 410002

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	614	15	10 - 17	671	13	9 - 15
Cancer	27	44	26 - 64	20	45	24 - 67
Cerebrovascular Accidents	25	8	12 - 38	24	46	14 - 53
Gastrointestinal Catastrophes	3	67	8 - 89	4	50	5 - 83
Infectious Disease	21	52	16 - 59	15	40	11 - 60
Metabolic/Electrolyte Disorders	13	0	10 - 42	15	13	11 - 52
Pulmonary Disease	43	23	10 - 37	32	22	14 - 45
Renal Failure	3	100	15 - 90	5	60	16 - 90
Severe Acute Heart Disease	33	48	23 - 57	30	33	20 - 54
Severe Chronic Heart Disease	28	29	10 - 44	33	18	11 - 39
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	60	0	1 - 9	65	5	0 - 19
Gynecologic Disease	0	-	-	4	0	0 -100
Low-Risk Heart Disease	68	6	0 - 24	91	3	1 - 12
Musculoskeletal/Skin Conditions	62	3	0 - 18	65	6	0 - 39
Neuropsychiatric/Sensory Disease	13	8	0 -100	23	4	0 - 83
Urologic Disease	9	0	0 -100	19	5	0 - 99

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	79
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	41
Percent of Physicians Who Are Board Certified Specialists:	59
Interns and Residents:	9
Registered Nurses:	60
Licensed Practical Nurses:	16

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

JOHN FOGARTY MEMORIAL HOSPITAL

EDDIE DOWLING HIGHWAY
WOONSOCKET, RI 02895

Medicare Hospital Provider Number: 410014

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,097	11	10 - 15	1,164	14	10 - 15
Cancer	36	33	26 - 59	22	45	21 - 62
Cerebrovascular Accidents	37	16	16 - 42	43	35	16 - 45
Gastrointestinal Catastrophes	6	83	20 - 81	7	14	9 - 67
Infectious Disease	13	15	20 - 63	17	29	18 - 62
Metabolic/Electrolyte Disorders	24	42	18 - 59	24	13	11 - 45
Pulmonary Disease	52	25	15 - 40	59	31	16 - 42
Renal Failure	5	40	17 - 91	8	38	15 - 82
Severe Acute Heart Disease	38	32	23 - 54	58	45	27 - 53
Severe Chronic Heart Disease	78	24	15 - 35	83	22	14 - 34
Severe Trauma	1	0	3 - 98	1	0	0 - 98
Gastrointestinal Disease	101	1	1 - 8	94	2	1 - 10
Gynecologic Disease	5	0	0 -100	12	0	0 -100
Low-Risk Heart Disease	152	3	1 - 9	147	2	2 - 8
Musculoskeletal/Skin Conditions	90	3	0 - 16	99	3	0 - 13
Neuropsychiatric/Sensory Disease	19	11	0 - 98	26	12	0 - 99
Urologic Disease	54	2	0 - 45	43	2	0 - 46

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	116
Occupancy Rate (%):	60
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	86
Percent of Physicians Who Are Board Certified Specialists:	69
Interns and Residents:	0
Registered Nurses:	74
Licensed Practical Nurses:	27

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

KENT COUNTRY MEMORIAL HOSPITAL

455 TOLL GATE RD
WARWICK, RI 02886

Medicare Hospital Provider Number: 410009

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,669	12	10 - 14	3,644	12	10 - 14
Cancer	111	40	26 - 49	97	30	25 - 48
Cerebrovascular Accidents	157	28	18 - 34	140	19	18 - 34
Gastrointestinal Catastrophes	31	45	17 - 55	32	16	20 - 51
Infectious Disease	53	34	20 - 50	43	37	24 - 56
Metabolic/Electrolyte Disorders	64	38	17 - 46	62	29	17 - 45
Pulmonary Disease	148	24	16 - 34	193	24	17 - 33
Renal Failure	25	44	18 - 70	23	22	16 - 67
Severe Acute Heart Disease	221	35	31 - 47	233	36	31 - 46
Severe Chronic Heart Disease	209	19	16 - 28	263	24	16 - 28
Severe Trauma	3	33	1 - 88	7	29	8 - 72
Gastrointestinal Disease	248	3	1 - 7	239	6	1 - 9
Gynecologic Disease	33	0	0 -100	28	0	0 -100
Low-Risk Heart Disease	480	4	1 - 6	497	2	1 - 5
Musculoskeletal/Skin Conditions	302	2	1 - 6	318	2	1 - 5
Neuropsychiatric/Sensory Disease	153	1	0 - 8	117	0	0 - 6
Urologic Disease	169	2	0 - 13	150	0	0 - 6

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	359
Occupancy Rate (%):	93
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	154
Percent of Physicians Who Are Board Certified Specialists:	68
Interns and Residents:	0
Registered Nurses:	421
Licensed Practical Nurses:	139

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

LANDMARK MEDICAL CENTER

115 CASS AVE
WOONSOCKET, RI 02895

Medicare Hospital Provider Number: 410011

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,068	11	11 - 15	2,098	13	12 - 16
Cancer	75	37	27 - 52	74	39	32 - 58
Cerebrovascular Accidents	89	21	18 - 36	105	24	20 - 38
Gastrointestinal Catastrophes	15	20	16 - 60	35	43	22 - 58
Infectious Disease	25	12	19 - 50	29	52	17 - 56
Metabolic/Electrolyte Disorders	33	18	17 - 49	39	15	14 - 43
Pulmonary Disease	105	23	18 - 37	94	35	21 - 42
Renal Failure	7	57	19 - 88	8	88	16 - 76
Severe Acute Heart Disease	97	46	29 - 51	102	46	32 - 53
Severe Chronic Heart Disease	170	16	16 - 30	165	20	17 - 31
Severe Trauma	1	0	0 - 98	2	0	2 - 88
Gastrointestinal Disease	142	2	1 - 8	153	3	1 - 8
Gynecologic Disease	14	0	0 -100	11	0	0 -100
Low-Risk Heart Disease	276	3	1 - 6	288	3	1 - 6
Musculoskeletal/Skin Conditions	147	2	1 - 8	150	0	1 - 5
Neuropsychiatric/Sensory Disease	59	2	0 - 23	84	0	0 - 8
Urologic Disease	91	0	0 - 10	82	1	0 - 11

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	245
Occupancy Rate (%):	60
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	98
Percent of Physicians Who Are Board Certified Specialists:	58
Interns and Residents:	0
Registered Nurses:	166
Licensed Practical Nurses:	57

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

MIRIAM HOSPITAL

164 SUMMIT AVE
PROVIDENCE, RI 02906

Medicare Hospital Provider Number: 410012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	3,038	10	9 - 13	3,085	9	10 - 14
Cancer	102	34	26 - 49	94	30	25 - 48
Cerebrovascular Accidents	104	22	18 - 36	92	16	18 - 35
Gastrointestinal Catastrophes	14	29	15 - 63	13	38	17 - 68
Infectious Disease	45	31	21 - 51	41	37	25 - 58
Metabolic/Electrolyte Disorders	48	19	10 - 39	51	14	14 - 40
Pulmonary Disease	114	25	21 - 40	159	23	21 - 38
Renal Failure	7	29	8 - 76	15	27	11 - 68
Severe Acute Heart Disease	128	33	27 - 46	150	27	30 - 47
Severe Chronic Heart Disease	137	23	19 - 34	152	21	18 - 33
Severe Trauma	3	33	4 - 86	3	0	1 - 82
Gastrointestinal Disease	175	5	1 - 9	200	3	1 - 8
Gynecologic Disease	13	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	456	4	2 - 6	420	5	2 - 7
Musculoskeletal/Skin Conditions	264	2	1 - 6	246	2	1 - 6
Neuropsychiatric/Sensory Disease	167	2	1 - 8	165	1	1 - 7
Urologic Disease	118	2	0 - 10	113	1	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	247
Occupancy Rate (%):	91
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	247
Percent of Physicians Who Are Board Certified Specialists:	83
Interns and Residents:	57
Registered Nurses:	234
Licensed Practical Nurses:	15

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	Yes
Hospice Care:	No

NEWPORT HOSPITAL

FREINDSHIP ST
NEWPORT, RI 02840

Medicare Hospital Provider Number: 410006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,459	12	11 - 16	1,502	11	11 - 16
Cancer	67	52	32 - 59	54	48	31 - 60
Cerebrovascular Accidents	70	24	18 - 39	71	21	18 - 38
Gastrointestinal Catastrophes	14	36	14 - 64	17	35	15 - 61
Infectious Disease	39	26	21 - 52	31	32	21 - 57
Metabolic/Electrolyte Disorders	14	0	8 - 39	16	31	11 - 57
Pulmonary Disease	84	14	15 - 34	78	23	18 - 40
Renal Failure	3	67	6 - 88	6	33	17 - 87
Severe Acute Heart Disease	73	44	27 - 52	72	44	31 - 56
Severe Chronic Heart Disease	84	18	14 - 32	98	14	15 - 31
Severe Trauma	1	0	0 - 98	2	50	1 - 93
Gastrointestinal Disease	88	2	1 - 11	113	3	0 - 11
Gynecologic Disease	5	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	144	6	1 - 11	123	0	3 - 6
Musculoskeletal/Skin Conditions	132	1	1 - 6	152	1	1 - 7
Neuropsychiatric/Sensory Disease	49	0	1 - 11	64	0	0 - 10
Urologic Disease	51	4	0 - 31	49	2	0 - 47

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	217
Occupancy Rate (%):	64
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	76
Percent of Physicians Who Are Board Certified Specialists:	78
Interns and Residents:	0
Registered Nurses:	167
Licensed Practical Nurses:	25

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

NOTRE DAME HOSPITAL

1000 BROAD ST
CENTRAL FALLS, RI 02863

Medicare Hospital Provider Number: 410016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	417	4	8 - 13	377	8	8 - 15
Cancer	10	20	18 - 68	4	50	8 - 84
Cerebrovascular Accidents	7	14	10 - 66	5	0	6 - 64
Gastrointestinal Catastrophes	3	0	5 - 79	1	0	1 - 97
Infectious Disease	3	0	5 - 79	1	100	3 - 98
Metabolic/Electrolyte Disorders	10	10	3 - 54	12	17	11 - 58
Pulmonary Disease	16	6	14 - 45	17	29	10 - 54
Renal Failure	4	25	9 - 85	2	0	6 - 91
Severe Acute Heart Disease	14	14	19 - 59	17	24	18 - 59
Severe Chronic Heart Disease	30	13	9 - 36	28	21	14 - 46
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	51	0	0 - 12	40	7	0 - 66
Gynecologic Disease	5	0	0 -100	6	0	0 -100
Low-Risk Heart Disease	70	0	1 - 8	61	3	0 - 18
Musculoskeletal/Skin Conditions	23	0	0 - 60	27	0	0 - 54
Neuropsychiatric/Sensory Disease	14	0	0 - 96	12	0	0 -100
Urologic Disease	9	0	0 -100	10	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	41
Occupancy Rate (%):	54
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	134
Percent of Physicians Who Are Board Certified Specialists:	57
Interns and Residents:	0
Registered Nurses:	35
Licensed Practical Nurses:	11

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

RHODE ISLAND HOSPITAL

593 EDDY ST
PROVIDENCE, RI 02902

Medicare Hospital Provider Number: 410007

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	5,946	12	10 - 14	6,329	12	10 - 14
Cancer	271	28	27 - 44	295	33	27 - 44
Cerebrovascular Accidents	234	21	19 - 32	270	25	19 - 33
Gastrointestinal Catastrophes	55	40	19 - 50	59	49	18 - 49
Infectious Disease	121	40	28 - 51	86	38	23 - 49
Metabolic/Electrolyte Disorders	67	27	15 - 43	58	33	11 - 40
Pulmonary Disease	250	28	20 - 35	312	29	20 - 35
Renal Failure	24	25	11 - 62	40	38	19 - 68
Severe Acute Heart Disease	253	35	30 - 46	275	39	31 - 46
Severe Chronic Heart Disease	282	20	17 - 29	321	20	17 - 28
Severe Trauma	33	24	13 - 48	27	22	11 - 49
Gastrointestinal Disease	326	5	1 - 7	379	3	1 - 6
Gynecologic Disease	8	0	0 -100	27	0	0 -100
Low-Risk Heart Disease	905	3	2 - 5	808	3	2 - 5
Musculoskeletal/Skin Conditions	500	2	1 - 5	533	3	1 - 5
Neuropsychiatric/Sensory Disease	222	2	1 - 7	320	2	1 - 6
Urologic Disease	214	1	0 - 7	201	1	0 - 8

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	719
Occupancy Rate (%):	86
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	717
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	318
Registered Nurses:	986
Licensed Practical Nurses:	67

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	Yes
Organ Transplant Service:	No
Hospice Care:	No

RHODE ISLAND HOSPITAL/PROVIDENCE RHODE ISLAND/02902

October 17, 1988

Health Care Financing Administration
Health Standard and Quality Bureau
Hospital Mortality Information
P.O. Box 26684
Baltimore, MD 20217

RE: Rhode Island Hospital #410007

Gentlemen:

Rhode Island Hospital has received and reviewed the mortality data developed by HCFA for 1986 and 1987 and submits the following comments.

The mortality rates for Rhode Island Hospital are within the predicted ranges as established by HCFA.

Rhode Island Hospital is a tertiary referral hospital as well as a designated regional trauma center. Our role in the community is to accept for treatment, many patients whose full range of medical needs cannot be met in community hospitals throughout this state and Southeastern Massachusetts. From this perspective, HCFA's admitted lack of a system for measuring severity is a major deficiency and may, in fact, represent a significant degree of inequity, inasmuch as the public will not understand the significance of such a deficiency.

Secondly, we have an on-going concern about the public's interpretation of the mortality rates. HCFA is focusing on mortality rates in its current quality initiative, despite the lack of objective scientific evidence to support a direct relationship between mortality rates and quality of care. Mortality rates constitute only one aspect of potential quality indicators. Other major components are morbidity rates, credentialing requirements of the medical staff, availability of multiple services and specialties, availability of state-of-the-art diagnostic tools, and level of patient satisfaction. In fact, the

"AN EQUAL OPPORTUNITY EMPLOYER"

Joint Commission on Accreditation of Hospitals in its agenda for change does not limit its reviews to mortality, but emphasizes the importance of morbidity reviews, credentialing, adequacy of services, staffing, and other important factors in the assessment of quality.

Sincerely,

Robert G. Norton
Executive Vice President/Operations

ROGER WILLIAMS GENERAL HOSPITAL

825 CHALKSTONE AVE
PROVIDENCE, RI 02908

Medicare Hospital Provider Number: 410004

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,374	15	12 - 16	2,402	13	11 - 16
Cancer	82	37	27 - 52	83	22	28 - 51
Cerebrovascular Accidents	92	29	17 - 37	88	19	18 - 37
Gastrointestinal Catastrophes	22	36	18 - 60	24	42	16 - 57
Infectious Disease	74	43	22 - 50	47	43	21 - 53
Metabolic/Electrolyte Disorders	39	44	12 - 47	61	38	13 - 43
Pulmonary Disease	149	39	19 - 37	148	30	18 - 36
Renal Failure	19	68	20 - 74	14	43	14 - 74
Severe Acute Heart Disease	136	32	30 - 48	125	39	31 - 51
Severe Chronic Heart Disease	108	24	15 - 33	111	27	17 - 35
Severe Trauma	6	17	5 - 70	5	40	6 - 79
Gastrointestinal Disease	142	5	1 - 11	166	5	1 - 10
Gynecologic Disease	10	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	243	3	2 - 7	251	2	2 - 7
Musculoskeletal/Skin Conditions	261	2	1 - 6	245	4	1 - 8
Neuropsychiatric/Sensory Disease	72	11	0 - 33	64	3	0 - 19
Urologic Disease	71	1	0 - 13	92	2	0 - 14

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	238
Occupancy Rate (%):	76
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	274
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	45
Registered Nurses:	212
Licensed Practical Nurses:	43

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOUTH COUNTY HOSPITAL

95 KENYON AVE
WAKEFIELD, RI 02879

Medicare Hospital Provider Number: 410008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,103	10	10 - 15	982	12	9 - 14
Cancer	30	37	23 - 59	20	45	21 - 64
Cerebrovascular Accidents	51	27	17 - 42	38	16	17 - 42
Gastrointestinal Catastrophes	9	44	14 - 73	14	43	12 - 63
Infectious Disease	11	27	17 - 68	15	47	16 - 65
Metabolic/Electrolyte Disorders	26	23	12 - 49	20	30	8 - 51
Pulmonary Disease	78	13	16 - 35	41	17	12 - 38
Renal Failure	4	50	9 - 88	2	50	2 - 92
Severe Acute Heart Disease	53	26	27 - 52	40	42	23 - 54
Severe Chronic Heart Disease	56	25	12 - 36	59	36	15 - 40
Severe Trauma	2	0	1 - 90	1	0	0 - 98
Gastrointestinal Disease	80	1	1 - 10	89	2	1 - 11
Gynecologic Disease	7	0	0 -100	10	0	0 -100
Low-Risk Heart Disease	122	2	1 - 8	122	2	1 - 9
Musculoskeletal/Skin Conditions	98	2	0 - 12	89	0	0 - 7
Neuropsychiatric/Sensory Disease	35	3	0 - 44	28	0	0 - 59
Urologic Disease	38	3	0 - 70	33	6	0 - 99

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	100
Occupancy Rate (%):	74
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	101
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	130
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ST JOSEPHS HOSP

200 HIGH SERVICE AVE
NORTH PROVIDENCE, RI 02904

Medicare Hospital Provider Number: 410005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	4,081	11	10 - 14	3,792	11	10 - 14
Cancer	142	30	28 - 48	138	33	28 - 49
Cerebrovascular Accidents	157	24	19 - 34	147	24	19 - 35
Gastrointestinal Catastrophes	38	42	20 - 55	37	27	19 - 52
Infectious Disease	54	37	22 - 51	39	28	21 - 53
Metabolic/Electrolyte Disorders	68	31	17 - 45	71	32	15 - 43
Pulmonary Disease	224	26	20 - 36	213	26	19 - 35
Renal Failure	20	55	19 - 73	13	46	10 - 71
Severe Acute Heart Disease	186	32	30 - 47	174	34	29 - 46
Severe Chronic Heart Disease	227	21	17 - 30	203	23	17 - 31
Severe Trauma	22	23	13 - 53	13	46	9 - 63
Gastrointestinal Disease	351	3	1 - 6	304	3	1 - 7
Gynecologic Disease	36	0	0 -100	36	0	0 -100
Low-Risk Heart Disease	365	4	2 - 6	332	3	2 - 6
Musculoskeletal/Skin Conditions	403	1	1 - 5	407	2	1 - 5
Neuropsychiatric/Sensory Disease	186	2	1 - 8	129	2	0 - 10
Urologic Disease	169	2	0 - 9	172	1	0 - 7

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 389
Occupancy Rate (%): 80
Ownership/Control: Church

STAFFING

Total Number of Physicians: 300
Percent of Physicians Who Are Board Certified Specialists: 65
Interns and Residents: 0
Registered Nurses: 321
Licensed Practical Nurses: 183

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

THE MEMORIAL HOSPITAL

PROSPECT ST
PAWTUCKET, RI 02860

Medicare Hospital Provider Number: 410001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,679	13	12 - 16	2,948	13	12 - 16
Cancer	83	34	28 - 52	93	38	31 - 55
Cerebrovascular Accidents	102	22	19 - 36	130	28	20 - 37
Gastrointestinal Catastrophes	27	56	18 - 58	31	39	15 - 52
Infectious Disease	31	39	21 - 58	47	32	19 - 50
Metabolic/Electrolyte Disorders	51	49	19 - 50	51	37	17 - 48
Pulmonary Disease	112	26	19 - 38	127	23	19 - 37
Renal Failure	15	33	12 - 69	20	45	16 - 72
Severe Acute Heart Disease	144	38	31 - 50	186	34	35 - 51
Severe Chronic Heart Disease	161	18	20 - 33	180	19	18 - 32
Severe Trauma	1	0	1 - 97	6	17	5 - 70
Gastrointestinal Disease	205	6	1 - 9	203	4	2 - 9
Gynecologic Disease	20	0	0 -100	27	0	0 -100
Low-Risk Heart Disease	278	2	2 - 6	337	4	2 - 7
Musculoskeletal/Skin Conditions	198	1	1 - 6	214	5	1 - 9
Neuropsychiatric/Sensory Disease	77	10	1 - 20	83	6	0 - 18
Urologic Disease	84	0	0 - 9	93	2	0 - 18

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 294
Occupancy Rate (%): 81
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 201
Percent of Physicians Who Are Board Certified Specialists: 66
Interns and Residents: 62
Registered Nurses: 205
Licensed Practical Nurses: 62

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

MEMORIAL HOSPITAL
of Rhode Island

September 28, 1988

Mrs. Sandra Kappert
Health Standards and Quality
Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Mrs. Kappert:

The hospital characteristics data which used the American Hospital Association 1986 Annual Survey as a source is not consistently reflective of the actual data submitted by the hospital. The analysis resulting is either incorrect or the methodology is not readily understandable. Listed below are comments on specific characteristics.

1. Beds (#): Only 213 adult medical/surgical beds are identified. Intensive care beds are excluded as are obstetrical/gynecological beds, pediatric, rehabilitation beds. If the intent of the characteristics to identify the total hospital bed size; 294 is the correct number.

2. Occupancy Rate (%): The occupancy rate on the 213 beds is actually 89.2% and not 80% based on the AHA 1986 Survey. The 80% rate is accurate on the full 294 beds.

3. Total Number of Physicians: 193 is incorrect since the Survey shows 191 Active and Associate Medical Staff which should be defined to reflect that all courtesy, consulting; honorary and provisional staff members are excluded.

4. Percent of Physicians Who Are Board Certified Specialists: The 53% is inaccurate. Of the 191 active and associate medical staff reported in the survey, 77% are board certified.

Memorial Hospital
Pawtucket, Rhode Island 02860 401-722-6000
A Brown University Affiliated Hospital

5. Interns and Residents Per Bed: This number should be reflective of the number of residents per bed covered by residents. The 30 listed is not accurate because covered beds appear to have been excluded in the 213 bed number published.

6. Registered Nurses and LPNs Per Bed: The hospital reported two numbers for each category consisting of full time (35 hours/week or more) and part time (less than 35 hours/week). How these numbers were converted to full time employees without knowing exact hours of work were calculated is not readily discernable. Conversion to a staff ratio per bed does not seem possible unless a method employing averages is used. Also, whatever method was used, it needs to be associated to the correct number of beds.

7. Coronary Care Unit: The "no" response is technically accurate but hospitals such as ours which have a combined Intensive/Coronary Care Unit do not get recognized as having full coronary care facilities.

8. Organ Transplant Service: The 1986 AHA Survey clearly states "no" to this question and not "yes" as indicated by your report.

This letter is submitted to correct data and to identify evaluation methodologies. Since the information can be used to arrive at a variety of conclusions, it is imperative that the data and analysis be correct and explicit.

We appreciate the opportunity to comment and hope that the 1987 AHA data which will be publised in December address some of the concerns and inaccuracies identified above.

Sincerely,

Francis R. Dietz
President

FRD:mep

WESTERLY HOSP

WELLS ST
WESTERLY, RI 02891

Medicare Hospital Provider Number: 410013

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,277	12	10 - 15	1,356	13	10 - 15
Cancer	58	52	28 - 56	52	40	24 - 54
Cerebrovascular Accidents	64	19	15 - 36	51	31	15 - 41
Gastrointestinal Catastrophes	15	20	9 - 54	13	23	10 - 58
Infectious Disease	11	45	12 - 67	11	36	11 - 65
Metabolic/Electrolyte Disorders	12	17	13 - 60	17	35	5 - 54
Pulmonary Disease	63	25	13 - 37	111	26	16 - 36
Renal Failure	13	31	14 - 73	7	57	9 - 78
Severe Acute Heart Disease	38	34	27 - 58	68	41	27 - 52
Severe Chronic Heart Disease	109	20	17 - 34	91	15	15 - 31
Severe Trauma	2	0	1 - 91	0	-	-
Gastrointestinal Disease	135	2	1 - 9	143	1	1 - 7
Gynecologic Disease	9	0	0 -100	7	0	0 -100
Low-Risk Heart Disease	145	1	1 - 7	186	1	1 - 6
Musculoskeletal/Skin Conditions	76	3	0 - 14	94	6	0 - 23
Neuropsychiatric/Sensory Disease	29	3	0 - 60	37	0	0 - 28
Urologic Disease	51	0	0 - 15	49	6	0 - 47

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	141
Occupancy Rate (%):	63
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	56
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	0
Registered Nurses:	70
Licensed Practical Nurses:	14

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

WOMEN AND INFANTS HOSP

101 DUDLEY STREET
PROVIDENCE, RI 02905

Medicare Hospital Provider Number: 410010

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	156	0	1 - 6	113	0	0 - 10
Cancer	4	0	4 - 71	0	-	-
Cerebrovascular Accidents	0	-	-	0	-	-
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	0	-	-	0	-	-
Pulmonary Disease	1	0	0 -100	0	-	-
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	0	-	-	0	-	-
Severe Chronic Heart Disease	0	-	-	0	-	-
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	1	0	0 -100	0	-	-
Gynecologic Disease	84	0	0 - 92	71	0	0 -100
Low-Risk Heart Disease	0	-	-	0	-	-
Musculoskeletal/Skin Conditions	0	-	-	0	-	-
Neuropsychiatric/Sensory Disease	0	-	-	0	-	-
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	178
Occupancy Rate (%):	97
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	226
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	17
Registered Nurses:	260
Licensed Practical Nurses:	27

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Women & Infants Hospital
of Rhode Island
Established in 1884
Affiliated with Brown University
and Rhode Island Hospital

101 Dudley Street
Providence, Rhode Island
02905-2499
401-274-1100

Women & Infants'

September 26, 1988

Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, MD 21207

Att: Mrs. Sandra Kappert

Re: Medicare Hospital Mortality Information (1987)
Hospital ID: 410010

Dear Ms. Kappert:

Please be informed that we have reviewed the information contained in the HHA's report of mortality and believe it to be correct as reported as it pertains to Women & Infants' Hospital of Rhode Island.

Please let me know if we can be of further assistance.

Sincerely,

Leland G. Clabots
Executive Vice President

BRATTLEBORO MEMORIAL HOSPITAL

9 BELMONT AVE
BRATTLEBORO, VT 05301

Medicare Hospital Provider Number: 470011

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	592	12	9 - 15	626	13	9 - 15
Cancer	24	46	24 - 64	15	67	24 - 71
Cerebrovascular Accidents	25	20	11 - 44	21	19	12 - 47
Gastrointestinal Catastrophes	6	67	11 - 78	6	67	9 - 76
Infectious Disease	6	17	11 - 73	7	29	7 - 70
Metabolic/Electrolyte Disorders	4	50	1 - 85	7	14	1 - 71
Pulmonary Disease	27	33	12 - 48	51	27	16 - 43
Renal Failure	3	67	10 - 92	3	67	6 - 89
Severe Acute Heart Disease	23	39	18 - 57	25	36	19 - 57
Severe Chronic Heart Disease	25	32	10 - 47	29	24	14 - 46
Severe Trauma	0	-	-	1	100	1 - 97
Gastrointestinal Disease	61	7	0 - 22	68	1	1 - 11
Gynecologic Disease	11	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	57	0	1 - 9	42	5	0 - 29
Musculoskeletal/Skin Conditions	55	2	1 - 14	75	0	1 - 7
Neuropsychiatric/Sensory Disease	23	0	0 - 38	35	6	0 - 69
Urologic Disease	23	0	0 - 88	26	0	0 - 47

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	84
Occupancy Rate (%):	43
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	41
Percent of Physicians Who Are Board Certified Specialists:	95
Interns and Residents:	0
Registered Nurses:	51
Licensed Practical Nurses:	18

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

CENTRAL VERMONT HOSPITAL

BOX 547
BARRE, VT 05641

Medicare Hospital Provider Number: 470001

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,366	13	10 - 14	1,558	12	9 - 14
Cancer	45	56	28 - 59	43	47	25 - 57
Cerebrovascular Accidents	64	23	17 - 39	75	17	18 - 37
Gastrointestinal Catastrophes	9	33	9 - 67	8	38	7 - 69
Infectious Disease	16	19	15 - 56	13	31	16 - 66
Metabolic/Electrolyte Disorders	24	21	9 - 47	29	14	7 - 39
Pulmonary Disease	90	24	16 - 37	88	23	14 - 35
Renal Failure	4	50	7 - 86	10	60	16 - 80
Severe Acute Heart Disease	68	26	27 - 50	61	38	27 - 52
Severe Chronic Heart Disease	56	18	13 - 35	86	23	15 - 35
Severe Trauma	0	-	-	2	0	1 - 90
Gastrointestinal Disease	119	4	1 - 12	119	1	1 - 7
Gynecologic Disease	14	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	117	3	2 - 10	127	4	1 - 10
Musculoskeletal/Skin Conditions	117	5	0 - 16	148	5	0 - 15
Neuropsychiatric/Sensory Disease	65	5	0 - 41	101	2	0 - 17
Urologic Disease	77	3	0 - 26	89	2	0 - 25

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	135
Occupancy Rate (%):	59
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	80
Percent of Physicians Who Are Board Certified Specialists:	85
Interns and Residents:	0
Registered Nurses:	155
Licensed Practical Nurses:	44

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

COPLEY HOSP
WASHINGTON HWY
MORRISVILLE, VT 05661

Medicare Hospital Provider Number: 470010

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	460	13	10 - 17	453	10	10 - 16
Cancer	16	44	15 - 62	12	42	17 - 69
Cerebrovascular Accidents	24	33	12 - 49	18	17	9 - 46
Gastrointestinal Catastrophes	4	50	7 - 83	4	0	9 - 73
Infectious Disease	10	40	10 - 67	4	50	9 - 85
Metabolic/Electrolyte Disorders	4	0	2 - 73	5	20	1 - 77
Pulmonary Disease	40	20	12 - 40	49	20	14 - 40
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	24	38	20 - 59	23	35	21 - 59
Severe Chronic Heart Disease	16	6	9 - 41	26	8	11 - 36
Severe Trauma	2	0	1 - 91	0	-	-
Gastrointestinal Disease	39	0	0 - 19	35	0	1 - 16
Gynecologic Disease	3	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	42	5	0 - 26	55	2	1 - 13
Musculoskeletal/Skin Conditions	41	10	0 - 57	42	7	0 - 47
Neuropsychiatric/Sensory Disease	7	0	0 -100	11	0	0 - 86
Urologic Disease	17	0	0 - 72	17	0	0 - 98

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	54
Occupancy Rate (%):	44
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	35
Percent of Physicians Who Are Board Certified Specialists:	80
Interns and Residents:	0
Registered Nurses:	45
Licensed Practical Nurses:	3

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

FANNY ALLEN HOSP

101 COLLEGE PARKWAY
WINOOSKI, VT 05404

Medicare Hospital Provider Number: 470013

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	930	11	9 - 15	1,003	11	10 - 15
Cancer	29	41	25 - 61	36	53	28 - 63
Cerebrovascular Accidents	26	19	14 - 46	44	18	18 - 43
Gastrointestinal Catastrophes	8	25	15 - 73	10	50	12 - 69
Infectious Disease	16	19	13 - 54	9	22	10 - 65
Metabolic/Electrolyte Disorders	22	18	10 - 48	24	8	15 - 45
Pulmonary Disease	46	17	16 - 40	71	21	16 - 38
Renal Failure	5	40	13 - 87	4	75	8 - 85
Severe Acute Heart Disease	33	48	24 - 58	35	17	23 - 50
Severe Chronic Heart Disease	46	35	12 - 40	59	25	12 - 36
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	85	4	0 - 14	82	2	1 - 12
Gynecologic Disease	10	0	0 -100	11	0	0 -100
Low-Risk Heart Disease	95	4	1 - 12	109	2	2 - 9
Musculoskeletal/Skin Conditions	80	2	1 - 12	78	0	1 - 7
Neuropsychiatric/Sensory Disease	45	4	0 - 27	52	0	0 - 12
Urologic Disease	61	0	0 - 16	38	0	0 - 53

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	86
Occupancy Rate (%):	76
Ownership/Control:	Church

STAFFING

Total Number of Physicians:	81
Percent of Physicians Who Are Board Certified Specialists:	60
Interns and Residents:	0
Registered Nurses:	70
Licensed Practical Nurses:	41

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

GIFFORD MEMORIAL HOSP INC

44 S MAIN ST
RANDOLPH, VT 05060

Medicare Hospital Provider Number: 470004

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	300	11	9 - 17	378	12	12 - 19
Cancer	8	75	21 - 78	13	62	23 - 73
Cerebrovascular Accidents	18	22	11 - 50	29	31	16 - 50
Gastrointestinal Catastrophes	3	33	4 - 86	4	50	3 - 82
Infectious Disease	3	0	4 - 79	8	13	10 - 63
Metabolic/Electrolyte Disorders	5	0	3 - 65	6	17	9 - 71
Pulmonary Disease	24	25	10 - 46	36	8	15 - 38
Renal Failure	4	50	14 - 92	5	80	15 - 86
Severe Acute Heart Disease	6	33	12 - 77	19	26	19 - 59
Severe Chronic Heart Disease	25	8	11 - 36	23	17	9 - 42
Severe Trauma	0	-	-	1	0	3 - 98
Gastrointestinal Disease	32	6	0 - 50	27	0	0 - 43
Gynecologic Disease	6	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	36	0	1 - 16	34	6	0 - 37
Musculoskeletal/Skin Conditions	32	3	0 - 35	34	3	0 - 38
Neuropsychiatric/Sensory Disease	13	8	0 - 99	9	0	0 - 99
Urologic Disease	6	0	0 -100	4	25	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 53
Occupancy Rate (%): 43
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 29
Percent of Physicians Who Are Board Certified Specialists: 79
Interns and Residents: 0
Registered Nurses: 51
Licensed Practical Nurses: 9

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: No
Cardiac Intensive Care: Yes
Organ Transplant Service: No
Hospice Care: No

GRACE COTTAGE HOSP

RT 35
TOWNSHEND, VT 05353

Medicare Hospital Provider Number: 470020

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	77	17	9 - 27	91	22	10 - 28
Cancer	3	100	5 - 79	3	67	13 - 95
Cerebrovascular Accidents	9	11	12 - 59	5	60	4 - 77
Gastrointestinal Catastrophes	0	-	-	0	-	-
Infectious Disease	0	-	-	0	-	-
Metabolic/Electrolyte Disorders	2	0	1 - 91	2	0	0 - 98
Pulmonary Disease	7	14	6 - 64	6	17	8 - 70
Renal Failure	0	-	-	1	100	3 -100
Severe Acute Heart Disease	4	50	8 - 84	7	29	14 - 75
Severe Chronic Heart Disease	7	14	4 - 63	9	11	6 - 55
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	2	0	0 -100	4	0	0 -100
Gynecologic Disease	0	-	-	0	-	-
Low-Risk Heart Disease	14	0	0 - 43	9	11	0 - 81
Musculoskeletal/Skin Conditions	11	0	0 - 92	8	13	0 - 90
Neuropsychiatric/Sensory Disease	3	0	0 -100	6	17	0 - 98
Urologic Disease	0	-	-	0	-	-

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	37
Occupancy Rate (%):	68
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	5
Percent of Physicians Who Are Board Certified Specialists:	60
Interns and Residents:	0
Registered Nurses:	7
Licensed Practical Nurses:	6

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	No
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care: .	No

MEDICAL CENTER HOSPITAL OF VERMONT

COLCHESTER AVE
BURLINGTON, VT 05401

Medicare Hospital Provider Number: 470003

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,743	12	10 - 14	2,807	12	10 - 14
Cancer	134	36	29 - 51	170	41	30 - 51
Cerebrovascular Accidents	72	36	15 - 39	67	33	16 - 39
Gastrointestinal Catastrophes	15	53	17 - 66	30	37	15 - 53
Infectious Disease	25	28	18 - 55	28	43	19 - 58
Metabolic/Electrolyte Disorders	11	27	6 - 60	12	17	2 - 56
Pulmonary Disease	87	33	17 - 39	82	35	15 - 39
Renal Failure	39	21	13 - 60	30	20	9 - 59
Severe Acute Heart Disease	126	43	27 - 46	113	39	27 - 47
Severe Chronic Heart Disease	107	26	15 - 33	96	27	16 - 35
Severe Trauma	10	40	7 - 66	12	33	9 - 63
Gastrointestinal Disease	107	6	1 - 13	106	4	1 - 11
Gynecologic Disease	19	0	0 -100	23	0	0 -100
Low-Risk Heart Disease	524	5	3 - 7	535	4	3 - 7
Musculoskeletal/Skin Conditions	263	2	0 - 6	254	3	0 - 7
Neuropsychiatric/Sensory Disease	121	5	1 - 13	141	1	1 - 8
Urologic Disease	74	1	0 - 21	87	0	1 - 7

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 471
Occupancy Rate (%): 81
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 389
Percent of Physicians Who Are Board Certified Specialists: 83
Interns and Residents: (not available)
Registered Nurses: (not available)
Licensed Practical Nurses: (not available)

SPECIALTY SERVICES

Shock/Trauma Unit: Yes
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: Yes
Hospice Care: No

MCHV
Medical Center Hospital of Vermont

Hospital I.D.: 470003
October 24, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadows East Building 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

Dear Sir or Madam:

I'm responding to the HCFA Mortality Data for the Medical Center Hospital of Vermont, Colchester Ave., Burlington, Vermont 05401 (Hospital I.D.: 470003). "Hospital Characteristics" section of the report is incorrect. MCHV has 471 beds, 82% occupancy rate, 389 total active and associate medical staff and 83% of total physicians are Board Certified.

Respectfully submitted:

Dean E. Lea

Dean E. Lea
Vice President for Quality
Assurance

/map

(802) 656-2345
Burlington, Vermont 05401
A Vermont Health Foundation Company

VHA
Voluntary Hospitals of America, Inc

MT ASCUTNEY HOSPITAL HEALTH CENTER

BOX 375
WINDSOR, VT 05089

Medicare Hospital Provider Number: 470015

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	241	15	9 - 19	277	16	10 - 20
Cancer	8	38	12 - 73	9	56	18 - 77
Cerebrovascular Accidents	11	36	12 - 64	16	25	14 - 56
Gastrointestinal Catastrophes	3	33	2 - 87	3	67	5 - 87
Infectious Disease	4	50	5 - 82	2	0	2 - 88
Metabolic/Electrolyte Disorders	0	-	-	5	20	3 - 74
Pulmonary Disease	17	24	10 - 51	19	32	11 - 53
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	9	33	10 - 67	17	41	20 - 65
Severe Chronic Heart Disease	13	15	10 - 53	23	26	11 - 47
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	18	0	1 - 29	16	0	0 - 52
Gynecologic Disease	1	0	0 -100	0	-	-
Low-Risk Heart Disease	13	8	0 - 88	18	0	0 - 43
Musculoskeletal/Skin Conditions	47	6	1 - 24	28	4	0 - 38
Neuropsychiatric/Sensory Disease	13	8	0 -100	21	0	0 - 95
Urologic Disease	11	0	0 - 99	16	6	0 - 97

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	65
Occupancy Rate (%):	72
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	17
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Medicare Provider # 470015

MT. ASCUTNEY HOSPITAL
AND HEALTH CENTER

October 21, 1988

Mrs. Sandra Kappert
Health Standards and Quality Bureau, HCFA
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

We would like to make an important correction -- our hospital has a coronary care unit. The 1987 hospital AHA characteristics may not indicate this.

Thank you.

Yours truly,
Martha Daum
Martha Daum
Utilization Review
Coordinator

NORTH COUNTRY HOSP&HEALTH CTR

LONGVIEW ST HIGHLAND AVE
NEWPORT, VT 05855

Medicare Hospital Provider Number: 470008

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**	**Cases**	**Actual Mortality Rate (%)**	**Range For Predicted Mortality (%)**
All Cases	621	13	12 - 18	654	13	11 - 18
Cancer	18	56	22 - 66	17	71	29 - 72
Cerebrovascular Accidents	22	14	16 - 47	24	21	13 - 46
Gastrointestinal Catastrophes	3	0	12 - 84	9	33	12 - 70
Infectious Disease	30	40	25 - 61	15	27	10 - 57
Metabolic/Electrolyte Disorders	15	13	5 - 48	10	10	5 - 54
Pulmonary Disease	29	17	10 - 41	48	27	17 - 44
Renal Failure	8	50	13 - 80	6	33	9 - 80
Severe Acute Heart Disease	30	43	27 - 62	38	39	25 - 57
Severe Chronic Heart Disease	36	17	12 - 39	30	10	17 - 41
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	35	0	1 - 15	47	4	1 - 21
Gynecologic Disease	0	-	-	2	0	0 -100
Low-Risk Heart Disease	82	0	1 - 7	73	7	1 - 19
Musculoskeletal/Skin Conditions	51	4	1 - 19	53	2	0 - 17
Neuropsychiatric/Sensory Disease	25	0	0 - 27	36	3	0 - 60
Urologic Disease	15	0	0 - 50	17	0	0 - 38

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#): 80
Occupancy Rate (%): 51
Ownership/Control: Private, Non-profit

STAFFING

Total Number of Physicians: 25
Percent of Physicians Who Are Board Certified Specialists: 52
Interns and Residents: 0
Registered Nurses: 56
Licensed Practical Nurses: 28

SPECIALTY SERVICES

Shock/Trauma Unit: No
Burn Unit: No
Medical/Surgical Intensive Care: Yes
Cardiac Intensive Care: No
Organ Transplant Service: No
Hospice Care: No

NORTH EASTERN VERMONT REG HOSP INC

HOSPITAL DR
SAINT JOHNSBURY, VT 05819

Medicare Hospital Provider Number: 470023

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	532	10	10 - 16	557	11	9 - 16
Cancer	15	40	23 - 71	9	67	25 - 82
Cerebrovascular Accidents	27	11	18 - 44	24	17	14 - 46
Gastrointestinal Catastrophes	4	25	7 - 81	10	70	11 - 66
Infectious Disease	9	11	16 - 64	4	25	3 - 80
Metabolic/Electrolyte Disorders	7	0	8 - 55	5	0	2 - 66
Pulmonary Disease	36	25	14 - 44	30	17	15 - 44
Renal Failure	0	-	-	1	100	3 - 99
Severe Acute Heart Disease	22	27	21 - 58	34	21	25 - 54
Severe Chronic Heart Disease	37	14	12 - 36	40	17	11 - 36
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	27	7	0 - 78	40	7	0 - 31
Gynecologic Disease	4	0	0 -100	5	0	0 -100
Low-Risk Heart Disease	45	4	1 - 22	60	5	0 - 20
Musculoskeletal/Skin Conditions	68	3	0 - 16	62	0	1 - 9
Neuropsychiatric/Sensory Disease	44	5	0 - 36	57	2	0 - 19
Urologic Disease	14	0	0 - 98	13	0	0 - 99

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	100
Occupancy Rate (%):	34
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	32
Percent of Physicians Who Are Board Certified Specialists:	53
Interns and Residents:	0
Registered Nurses:	64
Licensed Practical Nurses:	20

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

NORTHWESTERN MEDICAL CENTER INC

BOX 868 FAIRFIELD ST
SAINT ALBANS, VT 05478

Medicare Hospital Provider Number: 470024

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	602	14	9 - 16	715	14	10 - 16
Cancer	13	77	21 - 67	20	70	27 - 68
Cerebrovascular Accidents	30	43	12 - 48	26	19	12 - 44
Gastrointestinal Catastrophes	9	56	13 - 72	6	33	5 - 74
Infectious Disease	11	18	12 - 60	19	37	14 - 58
Metabolic/Electrolyte Disorders	3	33	0 - 95	20	15	8 - 46
Pulmonary Disease	56	20	14 - 38	45	7	12 - 31
Renal Failure	2	0	6 - 90	2	50	7 - 96
Severe Acute Heart Disease	27	56	22 - 59	41	44	22 - 53
Severe Chronic Heart Disease	27	11	12 - 39	46	17	15 - 38
Severe Trauma	1	0	0 - 98	0	-	-
Gastrointestinal Disease	57	7	0 - 43	79	1	1 - 10
Gynecologic Disease	5	0	0 -100	8	0	0 -100
Low-Risk Heart Disease	86	5	1 - 15	106	8	1 - 15
Musculoskeletal/Skin Conditions	54	0	0 - 15	51	6	0 - 30
Neuropsychiatric/Sensory Disease	13	0	0 - 99	11	27	0 - 98
Urologic Disease	32	0	0 - 50	23	0	0 - 57

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	77
Occupancy Rate (%):	53
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	27
Percent of Physicians Who Are Board Certified Specialists:	81
Interns and Residents:	0
Registered Nurses:	60
Licensed Practical Nurses:	34

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

PORTER MEDICAL CENTER INC

SOUTH ST
MIDDLEBURY, VT 05753

Medicare Hospital Provider Number: 470006

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	381	11	9 - 16	413	11	8 - 15
Cancer	6	50	10 - 77	2	100	3 - 88
Cerebrovascular Accidents	14	29	12 - 58	17	35	10 - 54
Gastrointestinal Catastrophes	2	100	2 - 88	2	0	5 - 89
Infectious Disease	4	25	4 - 80	2	0	1 - 89
Metabolic/Electrolyte Disorders	5	0	4 - 64	6	33	1 - 80
Pulmonary Disease	50	18	15 - 39	47	17	14 - 39
Renal Failure	0	-	-	0	-	-
Severe Acute Heart Disease	18	39	21 - 64	18	39	20 - 63
Severe Chronic Heart Disease	18	11	8 - 42	22	27	9 - 47
Severe Trauma	0	-	-	1	0	0 - 99
Gastrointestinal Disease	35	0	0 - 19	35	0	0 - 20
Gynecologic Disease	4	0	0 -100	2	0	0 -100
Low-Risk Heart Disease	42	2	0 - 22	42	2	0 - 20
Musculoskeletal/Skin Conditions	39	3	0 - 38	45	2	0 - 21
Neuropsychiatric/Sensory Disease	21	0	0 - 67	22	0	0 - 83
Urologic Disease	9	0	0 -100	11	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	95
Occupancy Rate (%):	79
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	33
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	63
Licensed Practical Nurses:	17

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

ROCKINGHAM MEM HOSP

HOSPITAL CT
BELLOWS FALLS, VT 05101

Medicare Hospital Provider Number: 470016

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	222	16	9 - 19	256	15	9 - 18
Cancer	5	80	14 - 81	11	55	24 - 78
Cerebrovascular Accidents	7	43	7 - 72	9	33	9 - 67
Gastrointestinal Catastrophes	2	0	1 - 90	3	33	3 - 86
Infectious Disease	2	0	3 - 88	0	-	-
Metabolic/Electrolyte Disorders	3	0	2 - 80	3	33	0 - 93
Pulmonary Disease	18	11	12 - 46	15	27	8 - 53
Renal Failure	4	75	8 - 84	0	-	-
Severe Acute Heart Disease	13	31	16 - 65	10	10	18 - 63
Severe Chronic Heart Disease	14	36	5 - 55	17	35	7 - 52
Severe Trauma	0	-	-	0	-	-
Gastrointestinal Disease	19	0	0 - 58	20	0	0 - 31
Gynecologic Disease	3	0	0 -100	1	0	0 -100
Low-Risk Heart Disease	14	14	0 - 65	25	0	1 - 21
Musculoskeletal/Skin Conditions	11	0	0 - 93	27	0	0 - 25
Neuropsychiatric/Sensory Disease	21	5	0 - 99	17	0	0 - 91
Urologic Disease	2	0	0 -100	5	0	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	30
Occupancy Rate (%):	(not available)
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	(not available)
Percent of Physicians Who Are Board Certified Specialists:	(not available)
Interns and Residents:	(not available)
Registered Nurses:	(not available)
Licensed Practical Nurses:	(not available)

SPECIALTY SERVICES

Shock/Trauma Unit:	(not available)
Burn Unit:	(not available)
Medical/Surgical Intensive Care:	(not available)
Cardiac Intensive Care:	(not available)
Organ Transplant Service:	(not available)
Hospice Care:	(not available)

Rockingham Memorial Hospital

Incorporated 1900

"Where caring is a tradition"

October 19, 1988

Health Care Financing Administration
Health Standards and Quality Bureau
Meadow East Building 2-D-2
6325 Security Boulevard
Baltimore, MD 21207

Dear Sirs:

In response to your statistics on Mortality, I have found several errors in catagorization and listing the same patient more than once. However, I understand you will not correct the mistakes before publication in December 1988.

I would, however, like to bring to your attention that 48% of the patients that expired at Rockingham Memorial Hospital or within the thirty (30) day time period were between the ages of seventy-five (75) to eighty-five (85) and had a terminal disease or a chronic condition; 29% were between the ages of sixty-five (65) to seventy-five; 15% were between the ages of eighty-five (85) to ninety-five (95) and 8% were over the age of ninety-five (95). All but two (2) of the above had either a terminal or chronic condition.

In my review, I did not find any trend setting concerning poor quality of care with the physicians, nursing staff or the ancillary departments.

Our cliental is approximately 80% Medicare and over the age of seventy-five (75), therefore, our mortality rate has a tendency to be on the high side of the predicted mortality range.

I would like to amend our Hospital Characteristics at this time. They are as follows:

Beds (#): 20
Occupancy Rate (%): 47
Ownership/Control: Private,Non-profit

Staffing:

Total number of physicians: 11
Percent of physicians who are board certified specialists: 91%
Interns and residents per bed: N/A
Registered nurses per bed: 1.15
Licensed practical nurses per bed. .75

Specialty services: N/A

Sincerely,

Maureen M. Dunham

Maureen M. Dunham, ART
Medical Record Director/
DRG Coordinator

RUTLAND REGIONAL MEDICAL CENTER

160 ALLEN ST
RUTLAND, VT 05701

Medicare Hospital Provider Number: 470005

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	2,149	11	9 - 14	2,118	12	10 - 15
Cancer	67	48	29 - 56	87	49	33 - 57
Cerebrovascular Accidents	72	28	17 - 39	84	18	17 - 36
Gastrointestinal Catastrophes	15	47	12 - 62	15	40	11 - 61
Infectious Disease	28	29	14 - 50	21	38	13 - 56
Metabolic/Electrolyte Disorders	40	10	11 - 38	58	10	11 - 35
Pulmonary Disease	123	25	16 - 34	109	18	14 - 32
Renal Failure	1	100	1 - 97	9	67	16 - 81
Severe Acute Heart Disease	84	38	26 - 48	91	46	28 - 51
Severe Chronic Heart Disease	130	26	15 - 32	133	26	17 - 34
Severe Trauma	2	0	2 - 89	4	25	2 - 81
Gastrointestinal Disease	139	4	1 - 10	143	2	1 - 8
Gynecologic Disease	14	0	0 -100	25	0	0 -100
Low-Risk Heart Disease	238	1	2 - 6	223	5	2 - 8
Musculoskeletal/Skin Conditions	240	2	1 - 6	241	2	1 - 6
Neuropsychiatric/Sensory Disease	84	4	0 - 14	83	1	0 - 11
Urologic Disease	100	2	0 - 13	69	3	0 - 17

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	206
Occupancy Rate (%):	70
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	84
Percent of Physicians Who Are Board Certified Specialists:	73
Interns and Residents:	0
Registered Nurses:	218
Licensed Practical Nurses:	36

SPECIALTY SERVICES

Shock/Trauma Unit:	Yes
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Rutland
Regional
Medical
Center

October 20, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Boulevard
Baltimore, Maryland 21207

Dear Mrs. Kappert:

These comments are from the Rutland Regional Medical Center, a not for profit, 206 bed, acute care hospital in rural Vermont. Rutland Regional Medical Center is a designated Sole Community Provider and a Rural Referral Center.

The mortality data provided to us in September 1988 has been reviewed for accuracy. We are pleased to report that very few discrepancies were found in the initial packet.

- All deaths which occurred at RRMC (inpatient) are accurately listed.
- Deaths reported to have occurred within 30 days of discharge were confirmed and are accurately listed.

We noted two inconsistencies in the report.

- When the date of discharge and the date of death are the same, the "death within 30 days" column says "y" in some cases and "n" in other cases.
- There are some cases in which death did occur within 30 days of discharge, but the "death within 30 days" column says "n" (see attached).

The mortality rates for Rutland Regional Medical Center fell within predicted ranges for all diagnostic categories except one. The Actual Mortality Rate of 100% in the category Renal Failure is due to the death of the only patient in that category.

Rutland, Vermont 05701
(802) 775-7111

We at RRMC will continue to use the HCFA Mortality Reports, along with the MedisGroups system and our incident reporting system, as part of our comprehensive quality assessment, quality assurance program.

It is our hope that HCFA will continue to educate the public in the appropriate use of this kind of information.

Sincerely,

Richard T. Schmidt

Richard T. Schmidt
President

RTS:bls
Enclosures - 2

SOUTHWESTERN VT MEDICAL CTR, INC.

100 HOSPITAL DR EAST
BENNINGTON, VT 05201

Medicare Hospital Provider Number: 470012

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	1,344	10	10 - 14	1,392	8	10 - 14
Cancer	33	55	29 - 64	36	33	26 - 59
Cerebrovascular Accidents	61	20	15 - 37	55	13	18 - 38
Gastrointestinal Catastrophes	14	43	15 - 65	17	29	16 - 61
Infectious Disease	14	29	11 - 59	19	16	17 - 54
Metabolic/Electrolyte Disorders	18	17	12 - 52	17	12	8 - 47
Pulmonary Disease	92	23	17 - 37	92	22	14 - 34
Renal Failure	4	0	10 - 78	2	0	4 - 89
Severe Acute Heart Disease	49	45	24 - 53	58	29	28 - 53
Severe Chronic Heart Disease	53	23	13 - 37	63	19	13 - 34
Severe Trauma	0	-	-	1	0	0 - 98
Gastrointestinal Disease	82	0	1 - 7	134	1	2 - 8
Gynecologic Disease	13	0	0 -100	16	6	0 -100
Low-Risk Heart Disease	135	1	2 - 6	121	2	1 - 8
Musculoskeletal/Skin Conditions	139	1	1 - 7	160	2	1 - 7
Neuropsychiatric/Sensory Disease	75	0	1 - 8	82	0	1 - 8
Urologic Disease	60	3	0 - 35	50	0	1 - 12

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	160
Occupancy Rate (%):	70
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	69
Percent of Physicians Who Are Board Certified Specialists:	88
Interns and Residents:	0
Registered Nurses:	125
Licensed Practical Nurses:	78

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

SOUTHWESTERN
VERMONT
MEDICAL CENTER
PUTNAM MEMORIAL HEALTH CORP

Medicare Provider # 0470012

October 21, 1988

Health Standards and Quality Bureau, HCFA
Attention: Mrs. Sandra Kappert
2-D-2 Meadows East Building
6325 Security Blvd.
Baltimore, MD 21207

Dear Ms. Kappert:

In reviewing the mortality information about Medicare patients, we have found several discrepancies. Specifically, there are seven (7) instances in which we found discrepancies relating to patient's age, and four (4) instances where we found discrepancies relating to date of death. Additionally, we question the efficacy of a model which includes patients who have died within 30 days of their last admission due to causes totally unrelated to their diagnosis. For example, we have factual evidence which indicates a patient was admitted on X 1st, 1987, discharged on X 5th, 1987 and died on the 22nd of X. However, the patient's death resulted from an automobile accident which in no way was related to the diagnosis. This clearly represents a case that should not be included in the model. Yet it is.

We strongly feel that this model has not adequately addressed such variables as the severity and stage of the patient's illness, the patient's psychological condition, and the amount of family support and involvement during the course of the patient's illness.

We are also concerned about the perceived necessity to verify the information you have provided. Hospitals must consume already scarce resources to verify this information. Moreover, we understand that the information released to the public will not reflect the corrections we have submitted.

While mortality is certainly one indicator of quality of care, we believe there are many indicators that act as proxy measures of quality of care. We feel that using mortality exclusively as an indicator of quality is inappropriate. We continue to review all hospital mortalities and efforts by our entire staff result in an excellent quality assurance program.

Sincerely,

James E. Cassidy
President

100 Hospital Drive East
Bennington, VT 05201
802 442-6361

3210008085

SPRINGFIELD HOSPITAL INC

25 RIDGEWOOD ROAD
SPRINGFIELD, VT 05156

Medicare Hospital Provider Number: 470018

Diagnostic Category	Calender Year 1987			Calender Year 1986		
	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)	Cases	Actual Mortality Rate (%)	Range For Predicted Mortality (%)
All Cases	655	13	10 - 16	672	10	9 - 15
Cancer	21	52	26 - 68	13	31	19 - 68
Cerebrovascular Accidents	24	38	13 - 51	28	29	16 - 50
Gastrointestinal Catastrophes	3	33	5 - 86	8	0	16 - 58
Infectious Disease	10	40	14 - 70	10	30	12 - 67
Metabolic/Electrolyte Disorders	13	15	5 - 52	3	0	1 - 85
Pulmonary Disease	63	22	17 - 40	47	23	14 - 41
Renal Failure	2	50	2 - 92	1	100	3 - 99
Severe Acute Heart Disease	28	25	23 - 56	35	37	23 - 56
Severe Chronic Heart Disease	33	21	13 - 43	32	22	12 - 42
Severe Trauma	0	-	-	1	0	1 - 97
Gastrointestinal Disease	60	3	0 - 30	66	6	0 - 22
Gynecologic Disease	10	0	0 -100	4	0	0 -100
Low-Risk Heart Disease	56	2	0 - 16	71	0	1 - 8
Musculoskeletal/Skin Conditions	63	2	0 - 16	69	3	0 - 19
Neuropsychiatric/Sensory Disease	11	0	0 -100	24	4	0 - 78
Urologic Disease	19	0	0 -100	25	4	0 -100

HOSPITAL CHARACTERISTICS

SURVEY AND YEAR: AHA 1987

Total Beds (#):	66
Occupancy Rate (%):	55
Ownership/Control:	Private, Non-profit

STAFFING

Total Number of Physicians:	35
Percent of Physicians Who Are Board Certified Specialists:	77
Interns and Residents:	0
Registered Nurses:	74
Licensed Practical Nurses:	21

SPECIALTY SERVICES

Shock/Trauma Unit:	No
Burn Unit:	No
Medical/Surgical Intensive Care:	Yes
Cardiac Intensive Care:	No
Organ Transplant Service:	No
Hospice Care:	No

Technical Appendix

TECHNICAL APPENDIX

METHODOLOGY

The Data Base

The data that are analyzed in this report are drawn from the MEDPAR file, which is assembled and updated quarterly by the Bureau of Data Management and Strategy in HCFA. This file is constructed from information on hospitalizations submitted to HCFA by hospitals through fiscal intermediaries. Data obtained from the Social Security Administration also contribute to the file. The data include the age, sex and date of death of each Medicare beneficiary. Because each beneficiary is assigned a unique health insurance claim number, it is possible to link hospitalizations longitudinally. Prior hospitalizations and readmissions can be found, as well as the date of death, whenever and wherever it occurred.

The hospitalizations in this file are segregated by the year of discharge. The data used in these analyses were drawn from the 1985, 1986 and 1987 discharges. The update cycles used for these years were 12/31/87, 6/10/88 and 6/10/88, respectively.

The process of data management consisted of selecting discharges from acute-care hospitals, calculating analytical variables that required data from prior hospitalizations and selecting the last discharge for each beneficiary for 1986 and 1987. The following rules were used to select discharges from acute-care hospitals:

1) Include only discharges from short-term (general and specialty) hospitals. These hospitals have a 0 in the third position of their "provider number."

2) Exclude discharges from psychiatric units, rehabilitation units, swing-beds and alcohol/drug units. These records have "provider codes" of S, T, U and V, respectively.

3) Exclude discharges from special cost centers. These are designated by a 9 in the fourth position of the "provider number."

4) Exclude discharges where the date of death precedes the date of admission, because these are obvious data errors.

Variables dependent on data from prior hospitalizations were calculated as follows:

1) For each beneficiary, sort the discharges in descending order by "discharge date" and "admission date" and stack the discharges for the current and prior years.

2) For the last discharge in the current year, determine whether the beneficiary at admission was transfered from another hospital. Operationally, the "discharge destination" for the prior discharge must be coded as a discharge to a short-term hospital, and the "discharge date" for the prior discharge must be no more than one day prior to the "admission date" for the last discharge.

3) For each discharge, use the principal diagnosis (the first "diagnostic code") to determine the diagnostic category as defined in Table 2 of the Introduction. Diagnoses that are not listed in this table are placed in a residual category of intermediate risk.

4) For the last discharge of the current year, count the number of admissions by diagnostic category that occurred within the 182 days prior to the admission date for this discharge.

Subsequently, the last discharges for 1986 and 1987 were selected and segregated by diagnostic categories into separate files for analysis. Only hospitals that had discharges in 1987 were considered for publication. Canadian and emergency hospitals were excluded. Six other hospitals were excluded because they terminated operations prior to 1987 or because their "provider number" was invalid.

Mortality Rates

In this project, the definition of mortality used to calculate mortality rates was death within 30 days of admission. The choice of a fixed period of 30 days after admission avoids biases that might occur if in-hospital deaths only were counted. Sufficient followup is available to permit complete estimation of mortality rates based upon this choice. Choosing a specific discharge avoids multiple counts of the same death. The last discharge for the year is biased to higher short-term risk.

Diagnostic Categories

Lists of the ICD-9-CM codes included in each diagnostic category are found in Table 2 of the Introduction to this report. The lists were constructed to represent diagnostic categories that are medically coherent and rather homogeneous with respect to risk of death.

Grouping was performed by combining clinically related diagnostic clusters when associated mortality rates were similar to one another. For each primary diagnosis, these rates were calculated from the 5% random sample of Medicare discharges for 1985 and 1986. For instance, Klebsiella pneumonia (482.0, 1385 patients, observed mortality = 24.3%) and Pseudomonas pneumonia (482.1, 1416 patients, observed mortality = 25.2%) were combined in the Pulmonary Disease category, as were subarachnoid hemorrhage (430, 525 patients, observed mortality = 47.8%) and intracerebral hemorrhage (431, 2883 patients, observed mortality = 42.9%), in the Cerebrovascular Accidents category.

These aggregations are generally analogous to the categories used in the 1987 analysis, but are more risk-homogeneous. In some cases, risk categories were expanded to incorporate a broader range of related conditions associated with similar risks of subsequent mortality, such as expanding ophthalmology to include psychiatric and other sensory system disorders or expanding low risk orthopedic conditions to include low risk dermatologic and muscular disorders.

In other instances, conditions were transferred to new categories based on empirical evidence that associated mortality rates were higher or lower than previously anticipated. For example, cancer of the salivary gland, gums, mouth, and oropharynx (142-146, observed mortality = 8.8%) was moved from high risk cancer to the intermediate risk category (average mortality = 8.5%), paroxysmal ventricular tachycardia (427.1, observed mortality 8.9%) was moved from the severe acute heart disease to the intermediate risk category, acute and chronic gastric ulcers with perforation, with and without hemorrhage (531.1, 531.2, 531.5, 531.6, observed mortality = 21.8%) was moved from low risk GI disease to GI catastrophe, pneumonia due to H. influenzae (482.2, observed mortality = 8.6%) was moved from high risk pulmonary to the intermediate risk category, fracture of the femur (820, 821, observed mortality = 6.1%) was moved from high risk trauma to the intermediate risk category, and chronic glomerulonephritis and other nephritis and nephropathy (582, 583, observed mortality 2.2%) was moved from high risk renal to low risk urologic disease. The new categories were reviewed for clinical and coding consistency and face validity, and final adjustments were made. Final adjustments included combining myocardial infarctions in a single risk group since coding variations among institutions made separation into different categories problematic, and removing italicized ICD-9-CM diagnoses from named risk groups since they are not valid principal diagnoses.

Demographic Variables

As in 1987, age and sex variables were used to characterize each patient. The sex variable is an indicator variable, as shown in Table 1. The patient's age was expressed in the 1987 Mortality Release by indicator variables in six categories, 65, 65-69, 70-74, 75-79, 80-84, and 85. For the 1988 Mortality Release, the age relative to 65 years and the square of this variable, as shown in Table 1, replaced the categorical age variables.

Comorbidity Variables

As in 1987, the secondary diagnoses (0-4 in number, "diagnostic codes" 2-5) were used to construct variables indicating the presence of comorbidities. The eight comorbidity indicator variables used in the analyses are: diabetes (DI), chronic pulmonary disease (OP), cancer (CA), chronic liver disease (LV), chronic renal disease (RN), cerebral vascular degeneration or chronic psychosis (CE), hypertensive disease (HY) and chronic cardiovascular disease (CV). The ICD-9-CM codes defining these variables are the same as were used in 1987 and are listed in Table 3 of the Introduction.

Prior History Variables

In the 1987 Mortality Release, the number of prior admissions was not based on a fixed interval of time prior to the admission date for the last discharge of the year, but included only prior admissions with discharges in the same calendar year (1986). Also all admissions were counted without any distinction among the risks associated with various prior admissions. In the 1988 Mortality Release, prior admissions are counted for a fixed interval of six months prior to the admission date for the last discharge of the year, and separate counts of prior admissions are made for three risk levels. They are admissions with high, low and intermediate risk. In Table 2 of the Introduction, diagnostic categories are defined as high risk or low risk. The intermediate risk category is composed of ICD-9-CM codes not listed in that table. Indicator variables are defined for the high risk category, as shown in Table 1, as PH1 if there was one prior high risk admission, PH2 if there were two and PH3M if there were three or more. Similar variables are defined for low risk (PL1, PL2, PL3M) and intermediate risk (PU1, PU2, PU3M) admissions. The indicator variable TRIN records whether or not the patient was transfered into the hospital from another acute-care hospital.

Analytic Techniques

The principal analytic tool was logistic regression (see, for example, Cox (1970)). Because the diagnostic categories are mutually exclusive, the analyses to ascertain the influence of patient characteristics (demographics, comorbidities and prior histories) were carried out separately for each category.

The probability π that a patient dies within 30 days of admission depends on the patient's characteristics x_i. Table 1 lists the covariates used in the logistic model for this year's analysis. Generally the same variables were used across all diagnostic categories. There are some exceptions. For example, the variable sex is not included as a covariate in the analyses for the diagnostic category gynecologic disease. In all other cases, the model is the same, with the occasional omission of one or more variables because of estimation difficulties (See Tables 2 and 3).

The dependence of π on these variables is specified by a logistic model:

$$\log\ (\pi/(1-\pi)) = \Sigma_i \beta_i x_i.$$

The regression coefficients β_i are estimated by the method of maximum likelihood. It is possible then to estimate the probability of dying for a patient from his or her characteristics x_i. By averaging over all the patients for whom treatment in a given hospital is being evaluated, the estimated mortality rate for that hospital is found. This analysis is carried out for each individual diagnostic category (the 16 explicitly defined categories as well as the residual category). The coefficients for each diagnostic category are shown in Table 2 for the 1987 data and in Table 3 for the 1986 data. Blank spaces in these tables mean that the corresponding variables were not used in the model. This is the same as fixing the parameter estimates for the unused variables at zero. Calculations were performed using the SAS procedure LOGIST as described by the SAS Institute (1986).

In addition to the estimates of regression coefficients for the logistic regression model, Tables 2 and 3 also display the model chi-square, based on the likelihood ratio, the number of cases and the number of deaths, for each of the diagnostic categories. The model chi-square has 22 degrees of freedom in most cases. The exceptions occur when one or more variables are removed from the model. In these cases, the degrees of freedom are reduced by one for each variable removed from the model. In all cases, the model chi-square is highly significant ($P < 0.001$). Note that the coefficients from 1987 and 1986 data are generally similar, as can be seen clearly in Table 4. The major differences occur in low risk categories or when there are only a few cases associated with the variable. In these situations, the parameter estimates are less stable. For example, there are relatively few cases associated with the variables for three or more prior admissions within six months. The regression coefficients in Tables 2 and 3 were used to estimate the probability of death within 30 days of the last admission in 1987 or 1986 for a 1987 "average case" for each of the diagnostic categories, as shown in Table 4. The "average case" is a hypothetical "patient" whose characteristics correspond to average values of each variable within a diagnostic category. The mortality rate for this 1987 "average case" using the 1986 and 1987 coefficients is displayed in Table 4 along with the average observed mortality rate. Note the similarity of the data for 1986 and 1987. Note also that the average observed and the average predicted mortality rates must be equal, but that the predicted mortality rate for the "average case" differs from them somewhat because of the inverse logit transformation that is needed to convert the sum of the products of the average values of the variables and the regression coefficients to a probability of dying. Since there is no way to know that a given admission will result in the last discharge of the year, these equations generally should not be used for predicting the outcome for individual cases.

The second quantity required of the analyses was an estimate of the uncertainty in the mortality rate expressed as a range of predicted rates encompassing a specified proportion (95%) of the probable values. For this it is necessary to compute the variance of the probability of death at a given hospital.

There are two components of variance included in our calculation of the range of mortality for a hospital. The first is the sampling variance, which is estimated by:

$SV_j = B_j(1-B_j) / N_j$,

where

$B_j = (N_j p_j + 1) / (N_j + 2)$,

and p_j is the observed proportion of persons who had died among the N_j persons at risk, within a specified diagnostic category (or overall). B_j is a Bayesian estimate of the probability of dying. The second component arises from the systematic differences among hospitals in the identified factors included in the logistic model. This contribution to the variance is estimated by:

$IHV_j = (1-(1/N_j))\ V$

where V, the inter-hospital variance, is

$V = \Sigma_j\ (P_j - \bar{P})^2\ (N_j / N_t)$.

P_j is the predicted mortality rate and N_j is the number of cases at risk at hospital j. $N_t = \Sigma_j N_j$ is the total number of cases at risk and $\bar{P} = (\Sigma_j N_j P_j) / N_t$ is the average mortality rate, in the category under consideration. To see how this formula arises, consider the basic identity (Kendall, Stuart and Ord, 1983, p.212):

$Var(x) = E_\theta\ \{Var_{x|\theta}(x)\} + Var_\theta\ \{E_{x|\theta}(x)\}$.

When this formula is applied to a binomial random variable x, the result is

$Var(x) = n\ E_\theta\ \{\theta\}(1-E_\theta\{\theta\}) + n(n-1)\ Var_\theta\{\theta\}$

as given by Mosimann (1962, equation 36). From this it follows that

$$\mathrm{Var}(x/n) = \mathrm{Var}(x) / n^2 = (E_\theta\{\theta\}(1-E_\theta\{\theta\})) / n + (1-(1/n)) \mathrm{Var}\{\theta\}$$

where $V\{\theta\} = V$, the constant inter-hospital variance. Values of V for each diagnostic category are in Table 4.

The ranges of predicted mortality rates given in this publication encompass 95% of the probable values on a logit scale, which ensures that the range neither goes below zero nor above 100%. On the logit scale, the range of predicted values P is given by:

$$R_j = \log(P_j/(1-P_j)) \pm 1.96(\sqrt{SV_j + IHV_j}) / (P_j(1-P_j)).$$

Retransformed to the probability scale, the upper end of the range is:

$$\exp (R_+) / (1 + \exp(R_+))$$

and the lower end is:

$$\exp (R_-) / (1 + \exp(R_-))$$

where R_+ is the value of R taken with the + sign and R_- is the value of R taken with the - sign.

The tabulation of the numbers of cases at risk (i. e., the number of patients whose last discharge in 1987 was from the given hospital), of the percentage of these persons who died within 30 days of the date of admission for that hospitalization, and of the range of predicted mortality rates encompassing 95% of the probable values on the logit scale forms the core of the present publication. A similar display is also included for the 1986 data.

An implication that bears importantly on year-to-year stability of rankings is that there remain important sources of variability in outcomes associated with variations in patient characteristics (such as severity of illness) and other factors that have not been taken into account in the models used in the present analyses.

References

David R. Cox (1970) The Analysis of Binary Data, London: Chapman and Hall.

Maurice Kendall, Alan Stuart and J. Keith Ord (1983) The Advanced Theory of Statistics, Vol. 3, 4th Ed., New York: Macmillan.

James E. Mosimann (1962) "On the compound multinomial distribution, the multivariate β-distribution, and correlations among proportions," Biometrika, 49, 65-82.

SAS Institute Inc. (1986) SUGI Supplemental Library User's Guide, Version 5 Edition, Cary, NC: SAS Institute, Inc.

TABLE 1

Covariates used in the logistic models for the 1988 Hospital Mortality Release. Generally the same variables are used for all diagnostic categories. The two-letter codes for comorbidities are defined in terms of ICD-9-CM codes in Table 3 of the Introduction to this report.

Intercept	Constant added into the logistic model in all cases.
Demographics	
RAG	Age of patient in years divided by 65.
RAGSQ	RAG squared.
SEX	An indicator variable: Male 0 and Female 1.
Comorbidities (Indicator variables)	
DI	1 if patient has diabetes, 0 if not.
OP	1 if chronic pulmonary disease, 0 if not.
CA	1 if cancer, 0 if not.
LV	1 if chronic liver disease, 0 if not.
RN	1 if chronic renal disease, 0 if not.
CE	1 if cerebrovascular degeneration or chronic psychosis, 0 if not.
HY	1 if hypertensive disease, 0 if not.
CV	1 if chronic cardiovascular disease, 0 if not.
Prior Histories (Indicator variables)	
PH1	1 if patient has had 1 recent high-risk admission, 0 if not.
PH2	1 if patient has had 2 recent high-risk admissions, 0 if not.
PH3M	1 if patient has had 3 recent high-risk admissions, 0 if not.
PL1	1 if patient has had 1 recent low-risk admission, 0 if not.
PL2	1 if patient has had 2 recent low-risk admissions, 0 if not.
PL3M	1 if patient has had 3 recent low-risk admissions, 0 if not.
PU1	1 if patient has had 1 recent medium-risk admission, 0 if not.
PU2	1 if patient has had 2 recent medium-risk admissions, 0 if not.
PU3M	1 if patient has had 3 recent medium-risk admissions, 0 if not.
TRIN	1 if patient was transfered into the hospital, 0 if not.

Recent means within six months (182 days) before the admission date on the last discharge.

Table 2

1987
Parameter Estimates

Conditions:

CA - Cancer
CE - Cerebrovascular accidents
EY - Neuropsychiatric and sensory disease
GC - Gastrintestinal catastrophes
GI - Gastrointestinal disease
GU - Urologic disease
GY - Gynecologic disease
HL - Low-risk heart disease
HM - Severe chronic heart disease
HS - Severe acute heart disease
ME - Metabolic/electrolyte disturbances
OP - Muskuloskeletal and cutaneous conditions
PN - Pulmonary disease
RN - Renal failure
SE - Infectious disease
TR - Severe trauma
UN - All other conditions

Table 2.1

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL
APPLIED TO THE LAST DISCHARGES FOR 1987

CONDITIONS	CA		CE		EY		GC		GI		GU	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE
INTERCEPT	-0.9591	0.1846	1.1997	0.2163	-5.2813	0.2800	-2.3087	0.2017	-3.5635	0.2663	-4.7226	0.4824
RAG	-1.6335	0.3285	-6.6151	0.3659	-1.5611	0.5229	-0.4696	0.3734	-5.5355	0.4572	-5.5282	0.8185
RAGSQ	1.3503	0.1465	3.7120	0.1544	2.2297	0.2447	1.2330	0.1746	4.2574	0.1972	4.4686	0.3499
SEX	-0.2402	0.0094	-0.0476	0.0099	-0.5750	0.0287	-0.1175	0.0199	-0.1243	0.0185	0.5935	0.0350
DI	-0.1024	0.0258	0.1020	0.0165	0.1759	0.0587	-0.1638	0.0415	0.2683	0.0400	0.4540	0.0636
OP	-0.0561	0.0141	0.1279	0.0185	0.3559	0.0436	0.0051	0.0359	0.2458	0.0285	0.1487	0.0535
CA	0.5768	0.0093	0.8097	0.0252	1.9331	0.0441	1.0668	0.0340	1.6400	0.0301	1.4296	0.0452
LV	1.3567	0.0417	0.9674	0.0741	0.8902	0.1032	0.9094	0.0259	1.3731	0.0523	1.4221	0.1900
RN	1.0472	0.0364	0.8796	0.0314	1.6159	0.0678	0.6804	0.0411	1.4903	0.0431	1.4730	0.0594
CE	-0.0632	0.0394	-0.6277	0.0291	0.2072	0.0601	-0.5066	0.0825	0.0970	0.0636	0.5856	0.0843
HY	-0.3680	0.0492	-0.0778	0.0226	-0.0419	0.1010	-0.3043	0.0760	-0.1481	0.0642	-0.0122	0.1146
CV	0.3520	0.0118	0.3532	0.0097	0.6803	0.0304	0.5708	0.0221	0.7706	0.0186	0.9333	0.0323
PH1	0.9049	0.0111	0.4668	0.0149	1.0171	0.0409	0.4431	0.0263	1.0073	0.0263	1.1523	0.0425
PH2	1.3110	0.0199	0.8399	0.0344	1.6964	0.0753	0.5912	0.0461	1.4578	0.0538	1.5987	0.0906
PH3M	1.5586	0.0339	1.2198	0.0752	1.9332	0.1458	0.5752	0.0666	1.8720	0.1031		
PU1	0.4216	0.0129	0.3815	0.0163	0.5417	0.0398	0.2922	0.0263	0.5258	0.0251	0.6359	0.0416
PU2	0.6721	0.0242	0.6588	0.0401	0.9497	0.0767	0.4900	0.0517	0.9993	0.0487	1.0869	0.0809
PU3M	0.8003	0.0291	0.7082	0.0782	1.4732	0.1082	0.5197	0.0815	1.0673	0.0858	1.5890	0.1328
TRIN	-0.2626	0.0293	-0.0471	0.0357	0.5169	0.1053	0.3129	0.0627	0.6705	0.0692	0.6464	0.1219
PL1	0.1573	0.0162	0.1208	0.0159	0.1455	0.0378	0.1427	0.0301	0.2183	0.0250	0.1653	0.0433
PL2	0.1772	0.0437	0.1758	0.0411	0.1414	0.0801	0.1743	0.0731	0.3797	0.0533	0.4906	0.0895
PL3M	0.1269	0.1044	0.3631	0.0888	0.0705	0.1537	0.1452	0.1591	0.2971	0.1094	0.8340	0.1643
TOTAL NUM.	216,565		240,896		245,185		52,907		451,765		277,784	
DEATHS	89,692		63,407		5,633		18,329		13,776		4,634	
MODEL CHI-SQ.	23,809		11,842		7,524		5,215		16,232		7,689	

Table 2.2

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL
APPLIED TO THE LAST DISCHARGES FOR 1987

CONDITIONS	GY		HL		HM		HS		ME		OP	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST SE	EST	SE	
INTERCEPT	-9.1786	0.3010	-3.1645	0.2327	-1.9582	0.1666	-0.3864	0.1743	-3.2048	0.2537	-3.3135	0.2154
RAG			-4.6780	0.4036	-1.7762	0.2847	-3.4967	0.3051	0.2668	0.4302	-5.8135	0.3778
RAGSQ	2.3124	0.2106	3.3811	0.1750	1.7348	0.1215	2.6778	0.1335	0.8351	0.1827	4.2440	0.1665
SEX			-0.2982	0.0129	-0.2375	0.0092	-0.0383	0.0088	-0.4303	0.0160	-0.4685	0.0192
DI	0.9843	0.2244	0.2989	0.0241	-0.0471	0.0155	0.1744	0.0155	-0.0804	0.0329	0.3664	0.0349
OP	0.1323	0.2781	0.2005	0.0200	0.0032	0.0117	-0.1526	0.0142	0.0243	0.0273	0.4635	0.0297
CA	2.1844	0.1861	1.5089	0.0244	0.8028	0.0211	0.5563	0.0256	1.6174	0.0200	1.8846	0.0285
LV	1.8871	0.5508	1.2272	0.0787	0.7108	0.0435	1.0323	0.0751	0.8660	0.0693	1.5729	0.0798
RN	2.2304	0.3106	1.1843	0.0297	0.7261	0.0159	0.8167	0.0253	0.6416	0.0304	1.6414	0.0448
CE	0.3470	0.4731	0.0348	0.0444	-0.0814	0.0318	-0.5037	0.0376	-0.2641	0.0316	0.2949	0.0490
HY	0.3073	0.3791	-0.1699	0.0362	-0.3986	0.0280	-0.2861	0.0250	-0.2003	0.0612	0.0462	0.0641
CV	1.3402	0.1349	0.5437	0.0133	0.0804	0.0092	0.2520	0.0093	0.6250	0.0174	0.9847	0.0193
PH1	1.6812	0.1924	0.8796	0.0162	0.6334	0.0106	0.4255	0.0132	0.5445	0.0190	1.0584	0.0288
PH2	2.9031	0.4044	1.4401	0.0306	0.9506	0.0165	0.8011	0.0285	0.7757	0.0346	1.4467	0.0623
PH3M			2.0347	0.0535	1.1726	0.0231	1.1723	0.0571	1.0184	0.0616	2.1872	0.1133
PU1	0.9758	0.1835	0.4561	0.0188	0.3210	0.0128	0.3565	0.0153	0.3166	0.0200	0.4935	0.0279
PU2	1.1076	0.4287	0.8606	0.0392	0.5318	0.0270	0.6332	0.0372	0.4251	0.0382	0.9696	0.0545
PU3M	1.5589	0.6383	1.1950	0.0658	0.6545	0.0489	0.9770	0.0669	0.6245	0.0574	1.4334	0.0845
TRIN	1.3584	0.8502	0.6728	0.0247	0.4610	0.0362	-0.4484	0.0235	0.3256	0.1310	0.8660	0.0862
PL1	-0.3050	0.2295	0.1905	0.0159	0.1086	0.0133	0.1103	0.0139	0.0448	0.0232	0.0407	0.0270
PL2	0.6264	0.4710	0.2546	0.0299	0.1217	0.0300	0.1501	0.0323	0.0580	0.0568	0.0861	0.0616
PL3M			0.4261	0.0480	0.2047	0.0572	0.3722	0.0619	-0.1159	0.1335	-0.0071	0.1383
TOTAL NUM.	61,870		818,849		311,444		246,665		105,282		585,696	
DEATHS	273		27,786		70,762		94,172		26,485		13,186	
MODEL CHI-SQ	667		21,104		19,097		14,457		14,966		18,616	

Table 2.3

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL
APPLIED TO THE LAST DISCHARGES FOR 1987

CONDITIONS	PN		RN		SE		TR		UN	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE
INTERCEPT	-2.6009	0.1260	-4.7164	0.2568	-2.2654	0.1841	-1.4983	0.4342	-3.5263	0.0652
RAG	-1.1518	0.2161	2.4880	0.4744	-0.2282	0.3274	-1.3583	0.7978	-2.4574	0.1146
RAGSQ	1.7081	0.0927	0.5723	0.2186	0.9669	0.1465	1.4598	0.3676	2.4350	0.0507
SEX	-0.3345	0.0086	-0.1322	0.0252	-0.1198	0.0162	-0.2443	0.0435	-0.2930	0.0052
DI	0.1040	0.0182	0.1180	0.0406	-0.0070	0.0271	-0.0629	0.1099	0.1689	0.0104
OP	-0.3019	0.0103	0.2304	0.0498	-0.0529	0.0308	-0.2491	0.0836	0.2396	0.0074
CA	1.0701	0.0137	0.9455	0.0430	0.7369	0.0237	0.8208	0.1094	1.1744	0.0070
LV	0.6490	0.0482	1.2631	0.1042	0.9764	0.0597	1.1583	0.2114	1.4285	0.0192
RN	0.8493	0.0215	-0.0693	0.0369	0.7499	0.0313	1.1097	0.1679	1.0659	0.0115
CE	0.0284	0.0187	-0.0107	0.0758	-0.3244	0.0425	-0.4878	0.1103	0.0186	0.0146
HY	-0.2986	0.0327	-0.3446	0.0479	-0.3185	0.0673	-0.1716	0.1790	-0.2222	0.0186
CV	0.3876	0.0086	0.6419	0.0259	0.5171	0.0175	0.5752	0.0469	0.6601	0.0053
PH1	0.6818	0.0105	0.3766	0.0300	0.5626	0.0199	0.1086	0.0694	0.9182	0.0069
PH2	0.9608	0.0192	0.6510	0.0520	0.7310	0.0368	0.3808	0.1633	1.3266	0.0137
PH3M	1.2271	0.0338	1.0370	0.0839	0.9597	0.0658	0.9237	0.3318	1.6233	0.0251
PU1	0.5299	0.0114	0.3242	0.0317	0.4128	0.0199	0.2128	0.0718	0.4829	0.0064
PU2	0.8180	0.0227	0.4157	0.0577	0.6202	0.0363	0.4006	0.1684	0.7516	0.0109
PU3M	1.0552	0.0378	0.7940	0.0869	0.7960	0.0558	0.8103	0.3126	0.7356	0.0146
TRIN	0.1327	0.0419	0.1808	0.0533	0.4457	0.0721	-0.1722	0.1057	0.4225	0.0173
PL1	0.2341	0.0135	0.1925	0.0355	0.1490	0.0235	-0.0263	0.0720	0.1152	0.0078
PL2	0.2659	0.0337	0.3193	0.0797	0.2329	0.0566	-0.2338	0.1915	0.1074	0.0187
PL3M	0.2878	0.0754	0.4619	0.1810	0.2501	0.1322	0.2520	0.3722	0.0855	0.0407
TOTAL NUM.	339,986		33,325		77,856		11,777		2,200,419	
DEATHS	87,977		12,531		27,664		3,306		187,048	
MODEL CHI-SQ	38,547		6,125		6,964		621		144,234	

Table 3

1986

Parameter Estimates

Conditions:

CA - Cancer
CE - Cerebrovascular accidents
EY - Neuropsychiatric and sensory disease
GC - Gastrintestinal catastrophes
GI - Gastrointestinal disease
GU - Urologic disease
GY - Gynecologic disease
HL - Low-risk heart disease
HM - Severe chronic heart disease
HS - Severe acute heart disease
ME - Metabolic/electrolyte disturbances
OP - Muskuloskeletal and cutaneous conditions
PN - Pulmonary disease
RN - Renal failure
SE - Infectious disease
TR - Severe trauma
UN - All other conditions

Table 3.1

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL APPLIED TO THE LAST DISCHARGES FOR 1986

CONDITIONS	CA		CE		EY		GC		GI		GU	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE
INTERCEPT	-0.6935	0.1711	1.2702	0.2119	-5.0334	0.2787	-2.4782	0.2041	-4.6046	0.2977	-4.9166	0.4960
RAG	-2.0718	0.3060	-6.6604	0.3596	-2.0634	0.5218	-0.1881	0.3780	-3.7139	0.5078	-5.3277	0.8391
RAGSQ	1.5499	0.1373	3.7428	0.1522	2.4025	0.2450	1.1097	0.1769	3.4668	0.2170	4.5152	0.3568
SEX	-0.2593	0.0092	-0.0565	0.0099	-0.6174	0.0289	-0.1210	0.0201	-0.0971	0.0185	0.4567	0.0341
DI	-0.0272	0.0262	0.0901	0.0168	0.1705	0.0602	-0.1277	0.0430	0.3501	0.0402	0.3537	0.0657
OP	-0.1000	0.0144	0.1143	0.0191	0.3318	0.0449	0.0242	0.0366	0.2072	0.0296	0.3862	0.0496
CA	0.5851	0.0092	0.8364	0.0258	1.8688	0.0467	1.0402	0.0349	1.5772	0.0309	1.3949	0.0443
LV	1.2564	0.0407	0.9586	0.0740	1.1024	0.0990	0.8965	0.0259	1.2942	0.0551	1.4362	0.1772
RN	1.0298	0.0361	0.9586	0.0318	1.5581	0.0702	0.6505	0.0412	1.6787	0.0420	1.4506	0.0577
CE	-0.0221	0.0400	-0.6970	0.0305	0.3764	0.0591	-0.4242	0.0824	0.0921	0.0657	0.4479	0.0916
HY	-0.3215	0.0467	-0.0427	0.0218	-0.1194	0.1018	-0.1737	0.0736	-0.1337	0.0618	-0.0633	0.1163
CV	0.3175	0.0118	0.3192	0.0097	0.7138	0.0305	0.5685	0.0226	0.7724	0.0188	0.8915	0.0318
PH1	0.8905	0.0108	0.4851	0.0147	1.1647	0.0401	0.5078	0.0264	1.0110	0.0263	1.0662	0.0423
PH2	1.3003	0.0186	0.8945	0.0343	1.5354	0.0800	0.5598	0.0463	1.4630	0.0545	1.6150	0.0845
PH3M	1.5546	0.0307	1.2319	0.0715	2.1298	0.1384	0.7163	0.0638	1.9491	0.0945	1.9744	0.1628
PU1	0.4014	0.0125	0.3670	0.0161	0.5563	0.0395	0.2703	0.0267	0.5007	0.0252	0.7208	0.0389
PU2	0.7303	0.0237	0.6878	0.0381	1.0727	0.0727	0.4299	0.0509	0.8482	0.0498	1.0602	0.0766
PU3M	0.7999	0.0287	0.9325	0.0753	1.3039	0.1118	0.4267	0.0799	1.2691	0.0786	1.5561	0.1256
TRIN	-0.2505	0.0292	-0.1440	0.0353	0.6729	0.1012	0.3272	0.0622	0.6357	0.0736	0.2013	0.1316
PL1	0.1639	0.0158	0.1246	0.0157	0.1131	0.0377	0.1974	0.0297	0.2120	0.0248	0.2379	0.0404
PL2	0.2254	0.0418	0.2646	0.0388	0.1614	0.0778	0.3439	0.0705	0.2968	0.0537	0.4307	0.0839
PL3M	0.1770	0.0989	0.2803	0.0871	-0.1251	0.1570	0.3168	0.1550	0.4594	0.0995	0.4725	0.1783
TOTAL NUM	222,229		238,401		270,607		52,534		461,326		271,619	
DEATHS	93,522		64,594		5,542		18,040		13,703		4,922	
MODEL CHISQ	25,026		12,188		7,273		5,175		16,023		8,032	

Table 3.2

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL
APPLIED TO THE LAST DISCHARGES FOR 1986

CONDITIONS	GY		HL		HM		HS		ME		OP	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE
INTERCEPT	-6.0902	1.4498	-3.4160	0.2212	-1.6133	0.1692	-0.5198	0.1701	-2.5712	0.2549	-3.7309	0.2242
RAG	-5.5378	2.5669	-4.2268	0.3845	-2.4500	0.2892	-3.1937	0.2987	-1.1829	0.4326	-5.0932	0.3922
RAGSQ	4.7783	1.1535	3.1875	0.1673	2.0516	0.1233	2.5477	0.1310	1.5576	0.1840	3.9324	0.1723
SEX			-0.3070	0.0130	-0.2495	0.0092	-0.0478	0.0087	-0.4780	0.0163	-0.4855	0.0193
DI	0.1866	0.3101	0.2941	0.0250	-0.0197	0.0160	0.1450	0.0158	0.0318	0.0342	0.3539	0.0365
OP	0.5395	0.2405	0.1872	0.0207	0.0077	0.0120	-0.1629	0.0144	0.0252	0.0287	0.3840	0.0315
CA	2.2193	0.1759	1.4997	0.0255	0.8415	0.0212	0.6057	0.0259	1.6491	0.0208	1.9165	0.0288
LV	1.6894	0.6300	1.1551	0.0807	0.8547	0.0438	1.1809	0.0751	0.9253	0.0716	1.5156	0.0806
RN	2.6680	0.2904	1.2739	0.0302	0.7806	0.0164	0.8464	0.0253	0.6618	0.0312	1.6090	0.0468
CE	0.9116	0.3657	0.0700	0.0454	-0.1465	0.0332	-0.4865	0.0385	-0.2090	0.0328	0.2731	0.0516
HY	-0.5363	0.5140	-0.1274	0.0348	-0.3400	0.0270	-0.3097	0.0243	-0.2524	0.0613	0.0238	0.0638
CV	1.3407	0.1327	0.5839	0.0133	0.1184	0.0092	0.2506	0.0090	0.6640	0.0177	1.0189	0.0195
PH1	1.0216	0.2113	0.9189	0.0161	0.6290	0.0106	0.4733	0.0130	0.5411	0.0194	0.9992	0.0292
PH2	1.6429	0.5046	1.4469	0.0310	0.9750	0.0166	0.8402	0.0282	0.8648	0.0347	1.5330	0.0602
PH3M			1.9382	0.0537	1.2485	0.0234	1.2165	0.0565	0.9935	0.0616	2.0814	0.1047
PU1	1.1173	0.1706	0.4277	0.0188	0.3470	0.0128	0.3501	0.0151	0.3306	0.0202	0.5565	0.0273
PU2	2.1093	0.2979	0.8318	0.0382	0.5611	0.0267	0.6626	0.0353	0.5036	0.0384	0.9047	0.0549
PU3M	2.2081	0.6138	0.9628	0.0702	0.7711	0.0481	0.9840	0.0650	0.6713	0.0572	1.3180	0.0858
TRIN	0.9013	0.7009	0.7265	0.0258	0.5468	0.0377	-0.3246	0.0243	0.2211	0.1395	0.7031	0.0868
PL1	0.4276	0.1768	0.1796	0.0160	0.1214	0.0133	0.1137	0.0136	0.0428	0.0233	0.0564	0.0266
PL2	0.9956	0.3936	0.2855	0.0294	0.1428	0.0298	0.2299	0.0313	0.0182	0.0546	0.1999	0.0587
PL3M	0.2168	1.1080	0.4296	0.0471	0.1918	0.0573	0.2938	0.0630	-0.2231	0.1276	0.3776	0.1113
TOTAL NUM	60,709		806,069		306,819		252,802		106,268		598,973	
DEATHS	292		27,612		71,429		98,629		25,226		12,993	
MODEL CHISQ	742		21,313		20,525		15,388		15,173		18,431	

Table 3.3

PARAMETER ESTIMATES(EST) AND STANDARD ERRORS(SE) FROM THE 1988 MODEL
APPLIED TO THE LAST DISCHARGES FOR 1986

CONDITIONS	PN		RN		SE		TR		UN	
VARIABLES	EST	SE	EST	SE	EST	SE	EST	SE	EST	SE
INTERCEPT	-2.4297	0.1257	-5.3676	0.2513	-1.9628	0.1900	-1.2194	0.4088	-3.6987	0.0657
RAG	-1.6417	0.2157	4.0378	0.4657	-0.8787	0.3385	-1.6280	0.7616	-2.1326	0.1156
RAGSQ	1.9832	0.0927	-0.1729	0.2153	1.3268	0.1517	1.5136	0.3558	2.3068	0.0511
SEX	-0.3399	0.0087	-0.1521	0.0249	-0.1357	0.0166	-0.2379	0.0439	-0.3210	0.0051
DI	0.0955	0.0189	0.1173	0.0406	-0.0102	0.0289	0.1980	0.1100	0.1557	0.0107
OP	-0.3001	0.0106	0.1944	0.0515	-0.0513	0.0332	-0.3725	0.0878	0.2494	0.0076
CA	1.0634	0.0142	1.0241	0.0434	0.7422	0.0249	1.1083	0.1114	1.1908	0.0069
LV	0.8483	0.0480	1.5236	0.1083	0.9560	0.0634	1.1229	0.2031	1.4421	0.0190
RN	0.9741	0.0217	-0.0975	0.0366	0.8834	0.0323	1.1905	0.1593	1.0938	0.0116
CE	0.0463	0.0197	-0.1517	0.0812	-0.2689	0.0439	-0.9687	0.1333	0.0093	0.0150
HY	-0.3062	0.0315	-0.4059	0.0461	-0.3765	0.0692	-0.5217	0.1900	-0.2185	0.0183
CV	0.3822	0.0087	0.6109	0.0257	0.5128	0.0183	0.5865	0.0477	0.6784	0.0053
PH1	0.7077	0.0107	0.3839	0.0296	0.5894	0.0203	0.0373	0.0718	0.8865	0.0069
PH2	1.0172	0.0193	0.6771	0.0504	0.7663	0.0367	0.4404	0.1499	1.3351	0.0135
PH3M	1.2355	0.0334	0.8575	0.0795	1.0428	0.0657	0.7899	0.3126	1.6613	0.0244
PU1	0.5472	0.0115	0.3206	0.0310	0.3753	0.0205	0.1126	0.0720	0.4908	0.0063
PU2	0.8525	0.0231	0.6637	0.0561	0.6278	0.0369	0.2373	0.1725	0.8060	0.0106
PU3M	1.0659	0.0374	0.7923	0.0922	0.8401	0.0550	0.8693	0.2744	0.8532	0.0140
TRIN	0.1941	0.0435	0.1664	0.0511	0.4250	0.0740	-0.1804	0.1057	0.4715	0.0173
PL1	0.2260	0.0135	0.1230	0.0347	0.1273	0.0238	-0.0378	0.0724	0.1093	0.0077
PL2	0.1862	0.0334	0.4177	0.0799	0.2285	0.0558	0.3079	0.1735	0.1382	0.0181
PL3M	0.3574	0.0720	0.6154	0.1578	0.4217	0.1292	-0.6078	0.4822	0.0787	0.0385
TOTAL NUM	338,897		34,173		73,283		11,730		2,229,542	
DEATHS	86,566		13,299		26,783		3,326		190,843	
MODEL CHISQ	40,378		6,793		7,093		688		150,640	

Table 4

Comparison of 1986 and 1987 Parameter Estimates

Table 4.1

Diagnostic Category: Cancer(CA)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-0.694	-0.959
RAG	1.134	-2.072	-1.633
RAGSQ	1.286	1.550	1.350
SEX	0.487	-0.259	-0.240
DI	0.034	-0.027	-0.102
OP	0.126	-0.100	-0.056
CA	0.485	0.585	0.577
LV	0.014	1.256	1.357
RN	0.018	1.030	1.047
CE	0.014	-0.022	-0.063
HY	0.010	-0.321	-0.368
CV	0.191	0.318	0.352
PH1	0.221	0.890	0.905
PH2	0.060	1.300	1.311
PH3M	0.021	1.555	1.559
PU1	0.150	0.401	0.422
PU2	0.038	0.730	0.672
PU3M	0.260	0.800	0.800
TRIN	0.025	-0.251	-0.263
PL1	0.087	0.164	0.157
PL2	0.011	0.225	0.177
PL3M	0.002	0.177	0.127
TOTAL CASES		222,229	216,565
DEATHS		93,522	89,692
Mortality	Average Case	45.1%	44.9%
	Observed	42.1%	41.4%
Interhospital Variance		0.00137	0.00130
MODEL CHISQ		25,026	23,809

Table 4.2

Diagnostic Category: CEREBROVASCULAR ACCIDENTS(CE)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	1.270	1.200
RAG	1.192	-6.660	-6.615
RAGSQ	1.422	3.743	3.712
SEX	0.582	-0.057	-0.048
DI	0.093	0.090	0.102
OP	0.070	0.114	0.128
CA	0.300	0.836	0.810
LV	0.003	0.959	0.967
RN	0.019	0.959	0.880
CE	0.038	-0.697	-0.628
HY	0.048	-0.043	-0.078
CV	0.382	0.319	0.353
PH1	0.107	0.485	0.467
PH2	0.015	0.895	0.840
PH3M	0.003	1.232	1.220
PU1	0.081	0.367	0.381
PU2	0.011	0.688	0.659
PU3M	0.003	0.932	0.708
TRIN	0.018	-0.144	-0.047
PL1	0.093	0.125	0.121
PL2	0.012	0.265	0.176
PL3M	0.002	0.280	0.363
TOTAL CASES		238,401	240,896
DEATHS		64,594	63,407
Mortality	Average Case	29.3%	28.3%
	Observed	27.1%	26.3%
Interhospital Variance		0.00044	0.00039
MODEL CHISQ		12,188	11,842

Table 4.3

Diagnostic Category: NEUROPSYCHIATRIC/SENSORY(EY)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-5.033	-5.281
RAG	1.069	-2.063	-1.561
RAGSQ	1.143	2.402	2.230
SEX	0.580	-0.617	-0.575
DI	0.052	0.171	0.176
OP	0.074	0.332	0.356
CA	0.020	1.869	1.933
LV	0.011	1.102	0.890
RN	0.011	1.558	1.616
CE	0.052	0.376	0.207
HY	0.017	-0.119	-0.042
CV	0.177	0.714	0.680
PH1	0.042	1.165	1.017
PH2	0.006	1.535	1.696
PH3M	0.001	2.130	1.933
PU1	0.081	0.556	0.542
PU2	0.012	1.073	0.950
PU3M	0.004	1.304	1.473
TRIN	0.008	0.673	0.517
PL1	0.146	0.113	0.146
PL2	0.029	0.161	0.141
PL3M	0.009	-0.125	0.070
TOTAL CASES		270,607	245,185
DEATHS		5,542	5,633
Mortality	Average Case	1.14%	1.27%
	Observed	2.05%	2.30%
Interhospital Variance		0.00005	0.00006
MODEL CHISQ		7,273	7,524

Table 4.4

Diagnostic Category: GASTROINTESTINAL CATASTROPHES(GC)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-2.478	-2.309
RAG	1.124	-0.188	-0.470
RAGSQ	1.263	1.110	1.233
SEX	0.544	-0.121	-0.118
DI	0.061	-0.128	-0.164
OP	0.081	0.024	0.005
CA	0.083	1.040	1.067
LV	0.175	0.896	0.909
RN	0.062	0.651	0.680
CE	0.017	-0.424	-0.507
HY	0.019	-0.174	-0.304
CV	0.249	0.568	0.571
PH1	0.154	0.508	0.443
PH2	0.043	0.560	0.591
PH3M	0.02	0.716	0.575
PU1	0.155	0.270	0.292
PU2	0.034	0.430	0.490
PU3M	0.013	0.427	0.520
TRIN	0.022	0.327	0.313
PL1	0.112	0.197	0.143
PL2	0.017	0.344	0.174
PL3M	0.003	0.317	0.145
TOTAL CASES		52,534	52,907
DEATHS		18,040	18,329
Mortality	Average Case	32.5%	32.4%
	Observed	34.3%	34.6%
Interhospital Variance		0.00232	0.00229
MODEL CHISQ		5,175	5,215

Table 4.5

Diagnostic Category: GASTROINTESTINAL DISEASE(GI)

		Coefficients	
Names	1987 Average Case	1986	1987
INTERCEPT	1	-4.605	-3.563
RAG	1.127	-3.714	-5.535
RAGSQ	1.270	3.467	4.257
SEX	0.558	-0.097	-0.124
DI	0.045	0.350	0.268
OP	0.093	0.207	0.246
CA	0.026	1.577	1.640
LV	0.013	1.294	1.373
RN	0.013	1.679	1.490
CE	0.016	0.092	0.097
HY	0.021	-0.134	-0.148
CV	0.228	0.772	0.771
PH1	0.046	1.011	1.007
PH2	0.006	1.463	1.458
PH3M	0.001	1.949	1.872
PU1	0.087	0.501	0.526
PU2	0.013	0.848	0.999
PU3M	0.003	1.269	1.067
TRIN	0.006	0.636	0.670
PL1	0.117	0.212	0.218
PL2	0.018	0.297	0.380
PL3M	0.004	0.459	0.297
TOTAL CASES		461,326	451,765
DEATHS		13,703	13,776
Mortality	Average Case	1.8%	1.8%
	Observed	3.0%	3.0%
Interhospital Variance		0.00004	0.00004
MODEL CHISQ		16,023	16,232

Table 4.6

Diagnostic Category: UROLOGIC DISEASE(GU)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-4.917	-4.723
RAG	1.120	-5.328	-5.528
RAGSQ	1.254	4.515	4.469
SEX	0.157	0.457	0.593
DI	0.039	0.354	0.454
OP	0.080	0.386	0.149
CA	0.038	1.395	1.430
LV	0.002	1.436	1.422
RN	0.017	1.451	1.473
CE	0.013	0.448	0.586
HY	0.015	-0.063	-0.012
CV	0.175	0.892	0.933
PH1	0.040	1.066	1.152
PH2	0.005	1.615	1.599
PH3M	0.000	1.974	0.000
PU1	0.078	0.721	0.636
PU2	0.011	1.060	1.087
PU3M	0.003	1.556	1.589
TRIN	0.006	0.201	0.646
PL1	0.119	0.238	0.165
PL2	0.017	0.431	0.491
PL3M	0.004	0.473	0.834
TOTAL CASES		271,619	277,784
DEATHS		4,922	4,634
Mortality	Average Case	0.9%	0.8%
	Observed	1.8%	1.7%
Interhospital Variance		0.00006	0.00005
MODEL CHISQ		8,032	7,689

Table 4.7

Diagnostic Category: GYNECOLOGIC DISEASE(GY)

VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-6.090	-9.179
RAG	1.091	-5.538	
RAGSQ	1.190	4.778	2.312
SEX	1		
DI	0.025	0.187	0.984
OP	0.038	0.540	0.132
CA	0.012	2.219	2.184
LV	0.002	1.689	1.887
RN	0.005	2.668	2.230
CE	0.009	0.912	0.347
HY	0.012	-0.536	0.307
CV	0.096	1.341	1.340
PH1	0.012	1.022	1.681
PH2	0.001	1.643	2.903
PH3M	0		
PU1	0.037	1.117	0.976
PU2	0.004	2.109	1.108
PU3M	0.001	2.208	1.559
TRIN	0.001	0.901	1.358
PL1	0.062	0.428	-0.305
PL2	0.006	0.996	0.626
PL3M	0	0.217	
TOTAL CASES		60,709	61,870
DEATHS		292	273
Mortality	Average Case	0.2%	0.2%
	Observed	0.5%	0.4%
Interhospital	Variance	0.00003	0.00003
MODEL CHISQ		742	667

Table 4.8

Diagnostic Category: LOW-RISK HEART DISEASE(HL)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-3.416	-3.165
RAG	1.132	-4.227	-4.678
RAGSQ	1.281	3.188	3.381
SEX	0.550	-0.307	-0.298
DI	0.061	0.294	0.299
OP	0.093	0.187	0.200
CA	0.020	1.500	1.509
LV	0.003	1.155	1.227
RN	0.016	1.274	1.184
CE	0.019	0.070	0.035
HY	0.038	-0.127	-0.170
CV	0.517	0.584	0.544
PH1	0.090	0.919	0.880
PH2	0.012	1.447	1.440
PH3M	0.003	1.938	2.035
PU1	0.078	0.428	0.456
PU2	0.011	0.832	0.861
PU3M	0.003	0.963	1.195
TRIN	0.036	0.726	0.673
PL1	0.171	0.180	0.190
PL2	0.035	0.286	0.255
PL3M	0.011	0.430	0.426
TOTAL CASES		806,069	818,849
DEATHS		27,612	27,786
Mortality	Average Case	2.5%	2.4%
	Observed	3.4%	3.4%
Interhospital Variance		0.00002	0.00002
MODEL CHISQ		21,313	21,104

Table 4.9

Diagnostic Category: SEVERE CHRONIC HEART DISEASE (HM)

VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-1.613	-1.958
RAG	1.187	-2.450	-1.776
RAGSQ	1.409	2.052	1.735
SEX	0.551	-0.249	-0.237
DI	0.102	-0.020	-0.047
OP	0.187	0.008	0.003
CA	0.034	0.841	0.803
LV	0.008	0.855	0.711
RN	0.066	0.781	0.726
CE	0.020	-0.146	-0.081
HY	0.033	-0.340	-0.399
CV	0.594	0.118	0.080
PH1	0.202	0.629	0.633
PH2	0.061	0.975	0.951
PH3M	0.028	1.249	1.173
PU1	0.121	0.347	0.321
PU2	0.022	0.561	0.532
PU3M	0.006	0.771	0.654
TRIN	0.011	0.547	0.461
PL1	0.118	0.121	0.109
PL2	0.021	0.143	0.122
PL3M	0.005	0.192	0.205
TOTAL CASES		306,819	311,444
DEATHS		71,429	70,762
Mortality	Average Case	21.1%	20.6%
	Observed	23.3%	22.7%
Interhospital Variance		0.00037	0.00032
MODEL CHISQ		20,525	19,097

Table 4.10

Diagnostic Category: SEVERE ACUTE HEART DISEASE(HS)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-0.520	-0.386
RAG	1.156	-3.194	-3.497
RAGSQ	1.336	2.548	2.678
SEX	0.482	-0.048	-0.038
DI	0.083	0.145	0.174
OP	0.108	-0.163	-0.153
CA	0.028	0.606	0.556
LV	0.003	1.181	1.032
RN	0.029	0.846	0.817
CE	0.015	-0.486	-0.504
HY	0.033	-0.310	-0.286
CV	0.675	0.251	0.252
PH1	0.137	0.473	0.426
PH2	0.023	0.840	0.801
PH3M	0.006	1.217	1.172
PU1	0.083	0.350	0.357
PU2	0.013	0.663	0.633
PU3M	0.004	0.984	0.977
TRIN	0.043	-0.325	-0.448
PL1	0.105	0.114	0.110
PL2	0.017	0.230	0.150
PL3M	0.005	0.294	0.372
TOTAL CASES		252,802	246,665
DEATHS		98,629	94,172
Mortality	Average Case	37.7%	36.5%
	Observed	39.0%	38.2%
Interhospital Variance		0.00062	0.00067
MODEL CHISQ		15,388	14,457

Table 4.11

Diagnostic Category: METABOLIC/ELECTROLYTE DISORDERS(ME)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-2.571	-3.205
RAG	1.209	-1.183	0.267
RAGSQ	1.462	1.558	0.835
SEX	0.639	-0.478	-0.430
DI	0.067	0.032	-0.080
OP	0.088	0.025	0.024
CA	0.164	1.649	1.617
LV	0.010	0.925	0.866
RN	0.057	0.662	0.642
CE	0.082	-0.209	-0.264
HY	0.019	-0.252	-0.200
CV	0.249	0.664	0.625
PH1	0.176	0.541	0.544
PH2	0.040	0.865	0.776
PH3M	0.012	0.993	1.018
PU1	0.165	0.331	0.317
PU2	0.036	0.504	0.425
PU3M	0.015	0.671	0.624
TRIN	0.003	0.221	0.326
PL1	0.124	0.043	0.045
PL2	0.019	0.018	0.058
PL3M	0.004	-0.223	-0.116
TOTAL CASES		106,268	105,282
DEATHS		25,226	26,485
Mortality	Average Case	20.8%	21.8%
	Observed	23.7%	25.2%
Interhospital Variance		0.00206	0.00216
MODEL CHISQ		15,173	14,966

Table 4.12

Diagnostic Category: MUSCULOSKELETAL/SKIN CONDITIONS(OP)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-3.731	-3.313
RAG	1.121	-5.093	-5.814
RAGSQ	1.257	3.932	4.244
SEX	0.666	-0.485	-0.469
DI	0.059	0.354	0.366
OP	0.066	0.384	0.463
CA	0.024	1.916	1.885
LV	0.004	1.516	1.573
RN	0.010	1.609	1.641
CE	0.023	0.273	0.295
HY	0.017	0.024	0.046
CV	0.170	1.019	0.985
PH1	0.031	0.999	1.058
PH2	0.004	1.533	1.447
PH3M	0.001	2.081	2.187
PU1	0.066	0.557	0.494
PU2	0.009	0.905	0.970
PU3M	0.003	1.318	1.433
TRIN	0.004	0.703	0.866
PL1	0.123	0.056	0.041
PL2	0.018	0.200	0.086
PL3M	0.004	0.378	-0.007
TOTAL CASES		598,973	585,696
DEATHS		12,993	13,186
Mortality	Average Case	1.2%	1.2%
	Observed	2.2%	2.3%
Interhospital Variance		0.00003	0.00004
MODEL CHISQ		18,431	18,616

Table 4.13

Diagnostic Category: PULMONARY DISEASE (PN)

VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-2.430	-2.601
RAG	1.191	-1.642	-1.152
RAGSQ	1.418	1.983	1.708
SEX	0.509	-0.340	-0.335
DI	0.055	0.096	0.104
OP	0.261	-0.300	-0.302
CA	0.084	1.063	1.070
LV	0.007	0.848	0.649
RN	0.031	0.974	0.849
CE	0.051	0.046	0.028
HY	0.020	-0.306	-0.299
CV	0.386	0.382	0.388
PH1	0.162	0.708	0.682
PH2	0.038	1.017	0.961
PH3M	0.012	1.235	1.227
PU1	0.134	0.547	0.530
PU2	0.028	0.852	0.818
PU3M	0.010	1.066	1.055
TRIN	0.008	0.194	0.133
PL1	0.095	0.226	0.234
PL2	0.014	0.186	0.266
PL3M	0.003	0.357	0.288
TOTAL CASES		338,897	339,986
DEATHS		86,566	87,977
Mortality	Average Case	22.3%	22.6%
	Observed	25.5%	25.9%
Interhospital Variance		0.00078	0.00072
MODEL CHISQ		40,378	38,547

Table 4.14

Diagnostic Category: RENAL FAILURE(RN)			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-5.368	-4.716
RAG	1.112	4.038	2.488
RAGSQ	1.237	-0.173	0.572
SEX	0.493	-0.152	-0.132
DI	0.117	0.117	0.118
OP	0.061	0.194	0.230
CA	0.087	1.024	0.946
LV	0.014	1.524	1.263
RN	0.137	-0.097	-0.069
CE	0.026	-0.152	-0.011
HY	0.088	-0.406	-0.345
CV	0.349	0.611	0.642
PH1	0.224	0.384	0.377
PH2	0.058	0.677	0.651
PH3M	0.022	0.857	1.037
PU1	0.189	0.321	0.324
PU2	0.049	0.664	0.416
PU3M	0.021	0.792	0.794
TRIN	0.054	0.166	0.181
PL1	0.135	0.123	0.192
PL2	0.023	0.418	0.319
PL3M	0.004	0.615	0.462
TOTAL CASES		34,173	33,325
DEATHS		13,299	12,531
Mortality	Average Case	35.9%	33.0%
	Observed	38.9%	37.6%
Interhospital Variance		0.01353	0.01217
MODEL CHISQ		6,793	6,125

Table 4.15

Diagnostic Category: INFECTIOUS DISEASE(SE)

VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-1.963	-2.265
RAG	1.185	-0.879	-0.228
RAGSQ	1.404	1.327	0.967
SEX	0.578	-0.136	-0.120
DI	0.098	-0.010	-0.007
OP	0.073	-0.051	-0.053
CA	0.128	0.742	0.737
LV	0.016	0.956	0.976
RN	0.065	0.883	0.750
CE	0.041	-0.269	-0.324
HY	0.016	-0.376	-0.318
CV	0.267	0.513	0.517
PH1	0.184	0.589	0.563
PH2	0.045	0.766	0.731
PH3M	0.014	1.043	0.960
PU1	0.183	0.375	0.413
PU2	0.046	0.628	0.620
PU3M	0.019	0.840	0.796
TRIN	0.011	0.425	0.446
PL1	0.124	0.127	0.149
PL2	0.019	0.229	0.233
PL3M	0.003	0.422	0.250
TOTAL CASES		73,283	77,856
DEATHS		26,783	27,664
Mortality	Average Case	34.5%	33.7%
	Observed	36.5%	35.5%
Interhospital Variance		0.00195	0.00168
MODEL CHISQ		7,093	6,964

Table 4.16

Diagnostic Category: **SEVERE TRAUMA(TR)**			
VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-1.219	-1.498
RAG	1.161	-1.628	-1.358
RAGSQ	1.348	1.514	1.460
SEX	0.479	-0.238	-0.244
DI	0.039	0.198	-0.063
OP	0.075	-0.372	-0.249
CA	0.033	1.108	0.821
LV	0.008	1.123	1.158
RN	0.013	1.190	1.110
CE	0.048	-0.969	-0.488
HY	0.015	-0.522	-0.172
CV	0.246	0.586	0.575
PH1	0.119	0.037	0.109
PH2	0.015	0.440	0.381
PH3M	0.003	0.790	0.924
PU1	0.092	0.113	0.213
PU2	0.014	0.237	0.401
PU3M	0.004	0.869	0.810
TRIN	0.051	-0.180	-0.172
PL1	0.096	-0.038	-0.026
PL2	0.013	0.308	-0.234
PL3M	0.003	-0.608	0.252
TOTAL CASES		11,730	11,777
DEATHS		3,326	3,306
Mortality	Average Case	26.3%	26.1%
	Observed	28.4%	28.1%
Interhospital Variance		0.00348	0.00303
MODEL CHISQ		688	621

Table 4.17

Diagnostic Category: ALL OTHER DISEASES (UN)

VARIABLES		Coefficients	
		1986	1987
Names	1987 Average Case		
INTERCEPT	1	-3.699	-3.526
RAG	1.136	-2.133	-2.457
RAGSQ	1.290	2.307	2.435
SEX	0.581	-0.321	-0.293
DI	0.061	0.156	0.169
OP	0.122	0.249	0.240
CA	0.086	1.191	1.174
LV	0.008	1.442	1.429
RN	0.028	1.094	1.066
CE	0.032	0.009	0.019
HY	0.022	-0.219	-0.222
CV	0.275	0.678	0.660
PH1	0.081	0.886	0.918
PH2	0.014	1.335	1.327
PH3M	0.004	1.661	1.623
PU1	0.148	0.491	0.483
PU2	0.034	0.806	0.752
PU3M	0.018	0.853	0.736
TRIN	0.012	0.472	0.423
PL1	0.104	0.109	0.115
PL2	0.016	0.138	0.107
PL3M	0.003	0.079	0.086
TOTAL CASES		2,229,542	2,200,419
DEATHS		190,843	187,048
Mortality	Average Case	6.1%	6.0%
	Observed	8.6%	8.5%
Interhospital Variance		0.00008	0.00007
MODEL CHISQ		150,640	144,234

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